Program Inventory for the Indiana State Department of Health

July 2007

Health Finance Commission

Indiana Legislative Services Agency

Legislative Evaluation and Oversight

The Office of Fiscal and Management Analysis is a division within the Legislative Services Agency that performs fiscal, budgetary, and management analysis. Within this office, teams of program analysts evaluate state agency programs and activities as set forth in IC 2-5-21.

The goal of Legislative Evaluation and Oversight is to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation.

The evaluation teams prepare reports for the Legislative Council in accordance with IC 2-5-21. The published reports describe state programs, analyze management problems, evaluate outcomes, and include other items as directed by the Legislative Evaluation and Oversight Policy Subcommittee of the Legislative Council. The report is used by an evaluation committee to determine the need for legislative action.

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Preface

Each year, the Legislative Services Agency prepares reports for the Legislative Council in accordance with IC 2-5-21. This Indiana State Department of Health (ISDH) program inventory was prepared under Legislative Council Resolution 07-01 for use by the Health Finance Commission.

Several federal programs are often referred in this document by their acronyms: Centers for Disease Control and Prevention (CDC); Centers for Medicare and Medicaid Services (CMS); Environmental Protection Agency (EPA); Health Resources and Services Administration (HRSA); and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Also, the Indiana State Department of Health is referred to as ISDH.

The category entitled "Advisory Board/Commission" is intended to represent the advisory board, commission, council, or committee with the most direct oversight of a particular program. In many cases, this will be the advisory council for the division rather than for the individual program.

The federal poverty level (FPL) is referenced in some of the program descriptions and refers to the federal poverty guidelines published each year in the Federal Register by the U.S. Department of Health and Human Services. The 2007 guidelines are presented in the table, below.

Programs were identified by Legislative Services Agency using the following guidelines:

1. The program is authorized under state statute and a major function of the ISDH. For example, ISDH has many surveillance programs, but the Cancer Registry is specifically mentioned in statute, which makes it a separate program.

2. The program operates under federal grant and may change as a result of changes in the availability or criteria of the federal grant. For example, the state has programs for diabetes and stroke that change as federal funding changes.

3. The program has unique features that were deemed important to the understanding of ISDH by a user of this report. For example, for Black and Minority Health Expo, ISDH coordinates resources from contributors that it solicits.

4. In a major subject area, programs were identified by the activities in which ISDH engages. For example, HIV/AIDS is a large subject area and its programs were divided among surveillance, education/prevention, and medical care.

We gratefully acknowledge all those at the Indiana State Department of Health who assisted in preparation of this report by providing information for the project, including program descriptions, explanations, and review of summaries.

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Also the report may be found online at http://www.in.gov/legislative/publications/reports.html.

2007 Federal Poverty Level Guidelines (Family Income per Year) *				
Family Size	**100% FPL**	**150% FPL**	**200% FPL**	**250% FPL**
1	$10,210	$15,315	$20,420	$25,525
2	13,690	20,535	27,380	34,225
3	17,170	25,755	34,340	42,925
4	20,650	30,975	41,300	51,625
5	24,130	36,195	48,260	60,325
6	27,610	41,415	55,220	69,025
7	31,090	46,635	62,180	77,725
8	34,570	51,855	69,140	86,425
Each Add'l	$3,480	$5,220	$6,960	$8,700

Source: Federal Register, Vol. 72, No. 15, Jan 24, 2007, pp. 3147.

Median Household Income (Indiana Average - 2005): $43,993.
Median Family Income (Indiana - 2005): $54,077.
Families Below Poverty Level (Indiana - 2005): 9.0%.
Individuals Below Poverty Level (Indiana - 2005): 12.2%.

Source: U.S. Census Bureau, 2005 American Community Survey.

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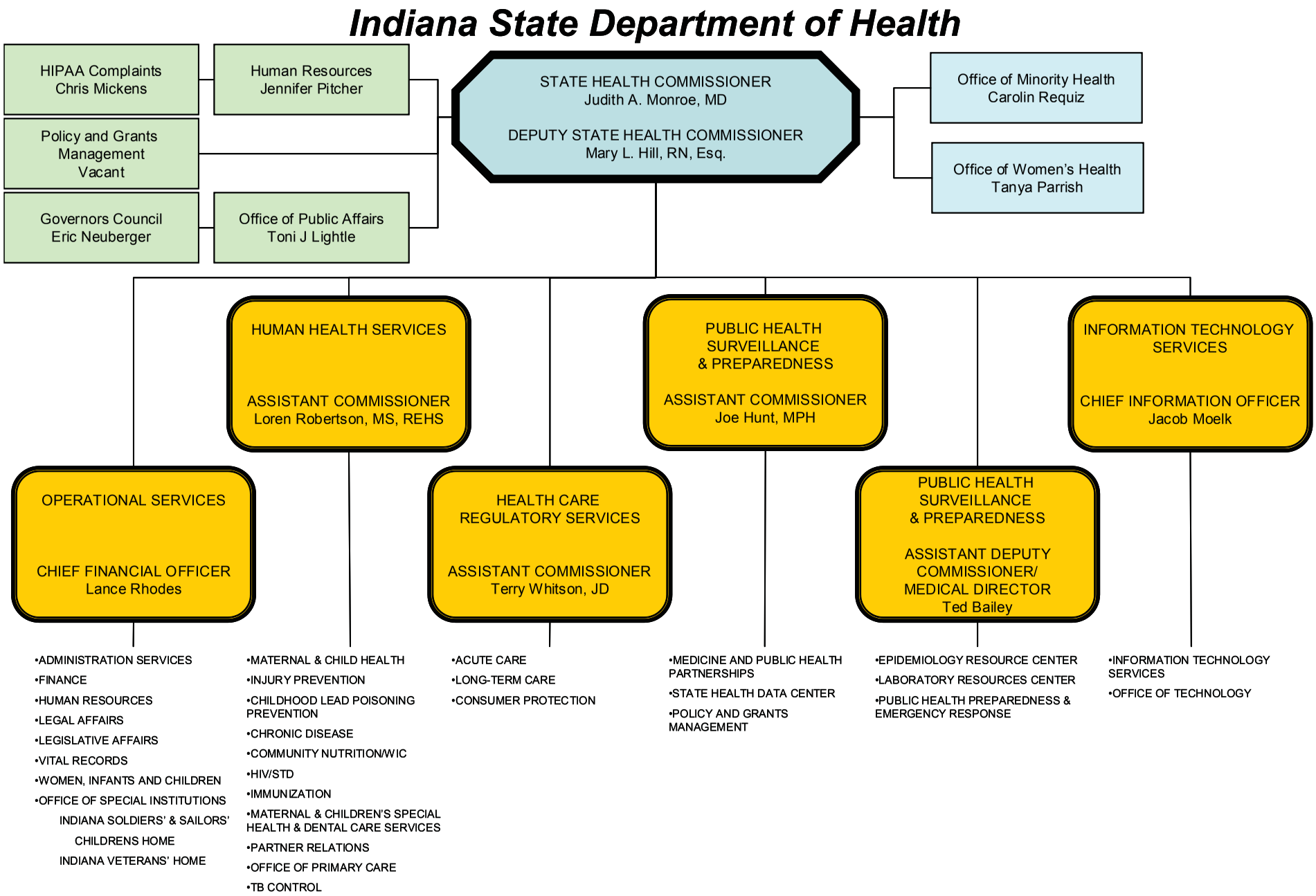
Organizational Chart as of March 2007



Program Descriptions

Acute Care - Abortion Clinic Licensure

Purpose: To regulate the physical plant and operations of abortion clinics in the state.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-21-2-2

Administrative Code Cites:
- 410 IAC 26
- 414 IAC 1-1-3.

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:
- Hospital Council (IC 16-21-1-1)

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	2,266,229	730,657	1,535,572	--	--
2004	2,854,728	1,024,518	1,830,211	--	--
2005	3,125,796	1,172,622	1,953,173	--	--
2006	3,003,278	977,555	2,025,724	--	--
2007^	3,152,435	1,128,497	2,023,937	--	--

^ Appropriation
* CMS - Reimbursement for Medicaid expenditures

NOTE: Expenditure figures are combined for all Non Long-Term Care (NLTC) providers. Expenditures are not separated by provider type. NLTC providers include: Hospital, ambulatory outpatient surgical centers, birthing centers, abortion clinics, home health, end-stage renal dialysis, rural health, hospice, clinical labatory inspection, blood centers, portable x-ray rehabilitation, outpaitent physical therapy and speech pathology, comprehensive outpatient rehabilitation facilities, artificial insemination, organ procurement, and correctional facilities.

Funding Details: 100% state-funded. License fees are distributed to the state General Fund.

An annual license fee is required to be collected before issuance of a license. The fee is determined on the basis of total annual surgical abortion procedures performed as reported to the Department on the most recently filed annual abortion clinic report.

Total Annual Procedures	Fee
0-799	$ 500
800-3,499	$1,000
3,500-6,999	$2,000
7,000 and above	$3,000

Number of Clients Served

Snapshot:
- 9 on June 21, 2007

Unduplicated for Year:

Description

Federal History/Requirements: There are no federal requirements for certification of abortion clinics.

State History/Requirements: The ISDH is required by state law enacted in 2005 to promulgate rules for the licensure and regulation of abortion clinics. The law requires the Department to establish minimum license qualifications and to establish sanitation standards, staff qualifications, necessary emergency equipment, procedures to provide emergency care, quality assurance standards, and infection control. The statute further requires the Department to prescribe the operating policies, and supervision and maintenance of medical records of abortion clinics. The Department issued the first abortion clinic licenses in FY 2006.

Program Services: The ISDH licenses and regulates abortion clinics. An abortion clinic is defined as a freestanding entity that performs surgical abortion procedures. The term does not include a licensed hospital or ambulatory outpatient surgical center, or a physician's office as long as the procedures performed at the office are not primarily surgical abortion procedures.

Licenses are issued to qualified entities annually upon review and approval of an application. In the case of new construction, additions, or renovations, provisional licenses may not be issued until the clinic has passed a preoccupancy inspection. After initial licensure, a licensing survey is to be conducted every two years by state staff unless the Division of Acute Care has determined that a nationally recognized accreditation organization has survey standards consistent with state standards, in which case an accreditation report or certification survey may be allowed to substitute for the state-conducted survey. If an accreditation report is accepted to substitute for a state-conducted survey, the Division is required to conduct a licensing survey at least once in every four-year period. The Commissioner may deny a license to operate an abortion clinic for reasons specified in the Administrative Code.

The Division also investigates credible complaints that allege noncompliance with the licensure requirements. Complaint surveys may be assigned a priority for investigation by Division policy and may be conducted alone or simultaneously with and in addition to a licensure survey. All survey results are required to be submitted to the abortion clinic in writing.

If a survey report documents noncompliance with the state rules, the clinic has ten days in which to file a plan of correction before the survey report is made available to the public unless the Commissioner has determined there is a need for immediate release of the survey report.

State statute establishes a Class A misdemeanor for operating or advertising the operation of an abortion clinic that is not licensed by the Department. The Commissioner is authorized to take the following actions on the grounds of violation of state abortion clinic rules or certain other grounds specified in the Administrative Code. The Commissioner may: issue a letter of correction, issue a probationary license, conduct a resurvey, deny the renewal of a license; revoke a license; or impose a civil penalty in an amount not to exceed $10,000 per violation.

Client Intake: Abortion clinics are required to apply for state licensure at least 45 days before the anticipated opening of the clinic. Licensed clinics are required to submit applications for renewal of the license one month prior to the expiration of the current license.

Client Eligibility Requirements:

Acute Care - Ambulatory Outpatient Surgical Centers Licensure

Purpose: To make all health and sanitation inspections, including inspections in response to all complaints of alleged breaches of the state statute or administrative rules.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-21-2-2

Administrative Code Cites:
- 410 IAC 15-2.1 - 2.7
- 414 IAC 1-1-2.

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:
- Hospital Council (IC 16-21-1-1)

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details: Depending on the circumstances of a survey, federal funding may be 0% to 100% of the total expense of the survey. ISDH attempts to conduct federal and state surveys of a center simultaneously as often as possible in order to take advantage of federal funding.

Each license application is also required to be accompanied by a license fee which is determined by the total annual procedures performed.

Total Annual procedures	Fee
0 - 799	$ 500
800 - 3,499	$1,000
3,500 - 6,999	$2,000
7,000 and above	$3,000

Number of Clients Served

Snapshot:
- 124 on June 21, 2007

Unduplicated for Year:
- 124 for FY 2006

Description

Federal History/Requirements: Certification by the CMS. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the AOSC. The AOSC must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for facilities; however, it is required in order to receive Medicare or Medicaid reimbursement.

Ambulatory outpatient surgery centers accredited by the JCAHO, the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association, or the Accreditation Association for Ambulatory Health Care (AAAHC) are deemed to meet all Medicare requirements for AOSCs. If an accredited center applies for deemed status, accreditation surveys may substitute for a state-conducted survey. For complaint investigations, unaccredited centers, and surveys that may be required in a year between accreditation surveys, state surveyors assess the center's compliance with the Medicare 'Conditions of Participation' for all services, areas, and locations in which the provider receives reimbursements for patient care services billed to Medicare under its provider number. All AOSC complaint and certification surveys are unannounced.

State History/Requirements: The ISDH licenses and regulates ambulatory outpatient surgical centers (AOSC), which is a public or private institution established, equipped, and operated primarily for the purpose of performing surgical services.

The state has required licensure for ambulatory surgery centers for over 35 years. The state license is required to be renewed annually. Multiple facilities may be licensed under a single license if certain governance conditions are met. In the case of new construction, replacements, additions, or renovations, licenses may not be issued until physical plant plans have been reviewed and approved by the ISDH Division of Sanitary Engineering.

Survey reports must be made in writing and sent to the facility. Survey reports and records related to the inspection may not be made public until the facility has had 10 days to respond unless the Commissioner makes certain findings relating to public safety or fraud and deception.

An AOSC does not provide accommodations for patient stays of longer than 24 hours and is operated under the supervision of at least one licensed physician, or under the supervision of the governing board of an associated hospital. The statute specifies staffing requirements, necessary equipment, operating policies, and management functions that must be met to be considered an AOSC. The term does not include a birthing center.

Program Services: Working in concert with the Medicare certification requirements and the accreditation organizations with deemed status, the ISDH regulates the physical plant and operations of AOSCs in the state. Licenses are issued to qualified entities annually upon review and approval of an application. After initial licensure, licensing surveys and investigations of complaints are to be conducted by state staff. Surveys are conducted jointly for Medicare certification and state licensure when possible in order to minimize duplication of effort and to maximize the use of available federal funding. In years that a center is scheduled for an accreditation survey (usually every three years with some exceptions) and if the center chooses to release its accreditation report, the state conducts a survey only if the center does not pass the accreditation survey. Complaints and allegations of noncompliance with standards are investigated; complaint investigations may occur at the same time as a certification and licensure survey. The Commissioner may deny a license or issue a provisional license or a probationary license to operate an AOSC for reasons specified in the Administrative Code. The ISDH is required to have an administrative appeal process in place to allow appeals of survey findings and licensure actions.

Service Providers/Agencies: JCAHO, HFAP, and AAAHC have deemed status for Medicare certification purposes. Accreditation is a voluntary process for the provider. Accreditation expenses and surveys are paid by the center seeking accreditation. The deemed status for Medicare certification is not an automatic process; deemed status must be applied for and approved for certification purposes.

Client Intake: Ambulatory outpatient surgery centers must apply for licensure and certification.

Client Eligibility Requirements:

Acute Care - Dialysis Facilities and Kidney Transplant Programs

Purpose: To provide Medicare certification of dialysis facilities and home dialysis.

Target Population: General welfare.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details: The certification program is budgeted by the CMS. Funding is 100% federal.

Number of Clients Served -

Snapshot:
- 108 on June 21, 2007

Unduplicated for Year:

Description

Federal History/Requirements: Certification is a requirement of the CMS and is required for certain types of facilities in order to receive Medicare reimbursement for services provided to Medicare beneficiaries. Kidney transplant units, hospital-based dialysis centers, and free-standing dialysis facilities require certification for Medicare reimbursement. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the dialysis facility. The facility must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for facilities; however, it is required in order to receive Medicare or Medicaid reimbursement.

State History/Requirements: There are no state licensure requirements for the operation of free-standing dialysis facilities in Indiana. Complaint and certification surveys are performed under federal authority and guidelines. Hospital-based transplant programs and dialysis units are included under hospital licensure regulations.

Program Services: Currently, 108 dialysis facilities in the state are certified for Medicare and Medicaid. All inspections and requirements for the facilities use only federal standards; the certification program is 100% federally funded. The ISDH target is to conduct surveys of all facilities every three years. The state is required to conduct surveys on 50% of the 20 facilities identified by CMS each year as having the worst patient outcomes in the state. Two days advance notice of survey inspections may be given for dialysis facilities in order that individuals required for the survey can be interviewed although the ISDH prefers to time the inspections so that no notice is given.

The ISDH web site currently has a listing of all certified dialysis facilities with addresses and contact information.

Facilities must apply for certification to the ISDH.

Service Providers/Agencies: ISDH-employed inspectors.

Client Intake:

Client Eligibility Requirements:

Acute Care - Home Health Agencies

Purpose: To certify and license home health agencies.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-27

Administrative Code Cites:

- 410 IAC 17

Account Numbers:

- 1000/214070

Administrative Division:

- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:

- Home Health Services and Hospice Services Council (IC16-27-0.5-1).

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Deails:

Number of Clients Served -

Snapshot:

- 264 on June 21, 2007

Unduplicated for Year:

Description

Federal History/Requirements: Certification is carried out by the CMS. Certification requires that agencies comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the home health agency. The agency must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for home health agencies; however, it is required in order to receive Medicare or Medicaid reimbursement.

Home health agencies accredited by the JCAHO or the Community Health Accreditation Program (CHAP) are deemed to meet all Medicare requirements for home health agencies. If an accredited agency applies for deemed status, accreditation surveys may substitute for a state-conducted survey. For complaint investigations, unaccredited programs, and surveys that may be required in a year between an accreditation survey, state surveyors assess the agency's compliance with the Medicare 'Conditions of Participation' for patient-care services billed to Medicare under its provider number. All home health complaint and certification surveys are unannounced.

State History/Requirements: Home health services are defined as services that are either required to be ordered by licensed physicians, dentists, podiatrists or optometrists or that are required to be performed only by a health care professional that are provided to a patient by a home health agency or under an arrangement with a home health agency in the temporary or permanent residence of the patient. Home health agencies may also provide other services which are not regulated by state or federal law, such as attendant care services or homemaker services. Home health agencies are required to be licensed by the state. The ISDH is required to investigate reports of an unlicensed home health agency and report its findings to the Attorney General. Licensed hospitals and health facilities that operate home health agencies are required to operate the agencies under the rules adopted for home health agencies but are not required to be licensed as an agency. The Division may conduct unannounced surveys of licensed agencies annually. The ISDH may accept an accreditation survey in lieu of a licensure survey after review of the survey report. The Division is required to investigate complaints regarding home health agencies. The ISDH may issue or deny a license or approval after conducting a survey. The Department is required to have an administrative appeals process in place to allow appeals of survey findings and licensure actions.

Program Services: The Division investigates complaints and conducts surveys of home health agencies. State licenses and approval to operate are issued and Medicare certification activities are performed by the Division.

Service Providers/Agencies: JCAHO and CHAP have deemed status for Medicare certification purposes. Accreditation is a voluntary process for the provider. Accreditation expenses and surveys are paid by the agency seeking accreditation. The deemed status for Medicare certification is not an automatic process; deemed status must be applied for and approved for certification purposes.

Client Intake: Home health agencies not operated by another licensed entity must apply for licensure; agencies operated by licensed hospitals or health facilities must operate under the home health agency rules and may also apply for certification.

Client Eligibility Requirements:

Acute Care - Hospice Agencies

Purpose: To certify and license hospice programs.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-25-3

Administrative Code Cites:
- 410 IAC 17.1

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:
- Home Health Services and Hospice Services Council (IC16-27-0.5-1).

Expenditures					
SFY	Total	Federal	State		Local
			General Fund	Dedicated	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details: State and federal funding. The ISDH is required to charge an annual hospice fee of $100 for each hospice licensed or approved to operate in the state.

Number of Clients Served

Snapshot:
- 81 hospices on June 21, 2007

Unduplicated for Year:

Description

Federal History/Requirements: A hospice program is a specialized form of interdisciplinary health care that is designed to alleviate the physical, psychological, social, and spiritual discomforts of an individual who is experiencing the last phase of a terminal disease. Services to terminally ill patients and family units by a hospital, health facility, or home health agency do not constitute a "hospice program" unless that entity has a distinct hospice program. Licensed hospitals, health facilities, and home health agencies must be approved by the ISDH but are not required to be licensed as a hospice program; they must apply for certification and be eligible for reimbursement under the Medicare/Medicaid programs in order to operate a distinct hospice program in Indiana. Entities that are not otherwise licensed must have Medicare certification and be licensed by the state.

Certification is carried out by the CMS. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the hospice program. The program must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for programs; however, it is required in order to receive Medicare or Medicaid reimbursement.

Hospice programs accredited by the JCAHO or the Community Health Accreditation Program (CHAP) are deemed to meet all Medicare requirements for hospice programs. If an accredited program applies for deemed status, accreditation surveys may substitute for a state-conducted survey. For complaint investigations, unaccredited programs, and surveys that may be required in a year between an accreditation survey, state surveyors assess the program's compliance with the Medicare 'Conditions of Participation' for patient care services billed to Medicare under its provider number. All hospice complaint and certification surveys are unannounced.

State History/Requirements: The ISDH started licensing and approving hospice programs in 1999. To obtain a state license or state approval to operate a hospice program in Indiana, applicants must meet the minimum standards for certification under the Medicare program, comply with applicable federal regulations for the operation of a hospice program, and be certified by the Medicare program. The Division of Acute Care is required to survey hospice programs for compliance that were not operating and certified before September 1999. A license or approval to operate a hospice program must be renewed annually. The Division is required to conduct a survey of a licensed or approved hospice program at least once in every six years. The ISDH is required to coordinate all required certification or licensure surveys to be conducted simultaneously as much as possible. The Division is required to investigate complaints regarding hospice programs and reports of unlicensed or unapproved hospice programs. The ISDH may issue or deny a license or approval after conducting a survey. The Department is required to have an administrative appeals process in place to allow appeals of survey findings and licensure actions.

Program Services: The Division investigates complaints and conducts surveys of hospice programs. State licenses and approval to operate are issued and Medicare certification activities are performed.

Service Providers/Agencies: JCAHO, or CHAP have deemed status for Medicare Certification purposes. Accreditation is a voluntary process for the provider. Accreditation expenses and surveys are paid by the center seeking accreditation. The deemed status for Medicare certification is not an automatic process; deemed status must be applied for and approved for certification purposes.

Client Intake: Hospice programs not operated by another licensed entity must apply for licensure, distinct hospice units of licensed hospitals, health facilities, or home health agencies must apply for certification.

Client Eligibility Requirements:

Acute Care - Hospitals

Purpose: To make all health and sanitation inspections, including inspections in response to all complaints of alleged breaches of the state statute or administrative rules.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-21-2

Administrative Code Cites:
- 410 IAC
- 414 IAC 1-1-1

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:
- Hospital Council (IC 16-21-1-1)

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details: State licensure fees are deposited in the state General Fund. CMS funds certification activities for Medicare and Medicaid, while state licensure activities are funded by a General Fund appropriation. The two survey activities are conducted jointly to the extent possible in order to maximize the use of federal funding.

Each license application is also required to be accompanied by a license fee which is determined by the total operating expense incurred by the hospital as reported in the most recent fiscal report filed with the ISDH.

Total Operating Expenses	Fee
0 - $49.99 M	$1,000
$50 M - $99.99 M	$2,000
$100 M - $199.99 M	$3,000
$200 M - $299.99 M	$4,000
$300 M and above	$5,000

Number of Clients Served -

Snapshot:
- 160 hospitals on June 30, 2006

Unduplicated for Year:

Description

Federal History/Requirements: The Social Security Act mandates the establishment of minimum health and safety standards that must be met by providers participating in the Medicare and Medicaid programs. CMS maintains oversight for compliance with the Medicare and Medicaid health and safety standards for hospitals serving Medicare and Medicaid beneficiaries. The surveys for the compliance determination are done on behalf of CMS by the individual state survey agencies under the Social Security Act. The functions the state agencies perform are referred to collectively as the certification process and include: identifying potential participants; conducting investigations and fact-finding surveys to verify how well providers comply with the requirements for participation; certifying or recertifying with appropriate federal agencies whether providers are qualified to participate; explaining requirements and advising providers with regard to applicable federal regulations to enable them to obtain or maintain standards of health care sufficient to qualify for participation in the programs.

The ISDH is the state agency responsible for Medicare and Medicaid certification in Indiana. The certification process is performed under the direction of CMS and is voluntary except that it is required for certain types of facilities to receive Medicare reimbursement for services provided to Medicare beneficiaries. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the hospital. The hospital must demonstrate compliance with the federal standards initially and on an ongoing basis.

Hospitals accredited by the JCAHO or the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA) are deemed to meet all Medicare requirements for hospitals (with certain exceptions). Otherwise, state surveyors assess the hospital's compliance with the Medicare 'Conditions of Participation' for all services, areas, and locations in which the provider receives reimbursements for patient care services billed to Medicare under its provider number. All hospital certification surveys are unannounced. The State Survey Agency evaluates and certifies the whole hospital even when components are separately housed. However, certain hospital operations, such as a distinct skilled nursing facility, hospice unit, or a home health agency, are not considered as components of a hospital and are certified as other kinds of providers.

If a state certification survey determines that an unaccredited facility does not attain substantial compliance with one or more conditions or standards that must be met for certification, a statement of deficiencies is sent to the facility. The facility has ten calendar days in which to respond with a plan of correction for each cited deficiency. If the facility has not come into substantial compliance within a time period accepted as reasonable for the deficiency, the ISDH certifies noncompliance with CMS.

State History/Requirements: The state has required hospitals to be licensed for over 50 years. The state license is required to be renewed annually. Multiple buildings may be licensed under a single license if certain governance conditions are met. In the case of new construction, replacements, additions, or renovations, licenses may not be issued until physical plant plans have been reviewed and approved by the ISDH Division of Sanitary Engineering. State licensure requirements do not apply to hospitals operated by the federal government. The ISDH is the main state survey agency performing Medicare/Medicaid compliance surveys for the federal CMS.

Hospital complaint surveys are unannounced although they may take place at the time of the annual licensure survey. (The Division of Fire and Building Safety is required to make all fire safety inspections of hospitals.) Survey reports must be made in writing and sent to the institution. Survey reports and records related to the inspection may not be made public until the facility has had 10 days to respond unless the Commissioner makes certain findings relating to public safety or fraud and deception.

The ISDH does not license private psychiatric facilities. This activity is performed by the Division of Mental Health and Addiction (DMHA). (See IC 12-25-1.)

State standards and requirements for licensure tend to mirror CMS requirements for Medicare certification unless there is a different statutory requirement otherwise.

Program Services: Working in concert with the Medicare certification requirements and JCAHO, the ISDH regulates the physical plant and operations of most hospitals in the state. Licenses are issued to qualified entities annually upon review

and approval of an application. After initial licensure, licensing surveys may be conducted every year by state staff. Surveys are conducted jointly for Medicare certification and state licensure when possible in order to minimize duplication of effort and to maximize the use of available federal funding. In years that an institution is scheduled for an accreditation survey (usually every three years with some exceptions), the state conducts a survey only if the hospital does not provide a copy of the accreditation survey and request ISDH to use it in lieu of a state survey. Complaints and allegations of noncompliance with standards are investigated; complaint investigations may occur at the same time as a certification and licensure survey. The Commissioner may deny a license or issue a provisional license or a probationary license to operate a hospital for reasons specified in the Administrative Code. The ISDH is required to have an administrative appeal process in place to allow appeals of survey findings and licensure actions.

Service Providers/Agencies: JCAHO or HFAP of the American Osteopathic Association have deemed status for Medicare certification purposes.

Client Intake: By application.

Client Eligibility Requirements:

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Acute Care - Miscellaneous Federal Survey and Certification Programs

Purpose: To certify various facilities and healthcare providers. Complaint and certification surveys are performed under federal authority and guidelines

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-41-12-16
- IC 16-27-15

Administrative Code Cites:
- IC 16-27-4-6

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Certification is carried out by the CMS and is required for certain types of facilities in order to receive Medicare reimbursement for services provided to Medicare beneficiaries. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the facility. The facility must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for facilities; however, it is required in order to receive Medicare reimbursement.

State History/Requirements: Blood centers are required to be licensed by the state; otherwise, there are no state licensure requirements for the operation of the various types of programs or free-standing facilities certified for the Medicare program unless the certifications are performed for distinct units of an otherwise licensed entity. For example, hospital-based programs requiring separate certification such as a distinct rehabilitation program would be included under the hospital licensure regulations. Under federal law, certified nurse aides are registered and under state law, home health aides are registered in conjunction with the federal program.

Program Services: All inspections and requirements for the facilities use only federal standards. The ISDH conducts surveys of facilities according to schedules determined by the federal regulations and guidelines. Facilities or providers also certified and subject to surveys by the ISDH include the following:

Statutory

- Blood center licensing and certification program
- Home health aide registration program

Other

- Artificial insemination facility certification program
- Clinical laboratory licensing and certification program
- Comprehensive outpatient rehabilitation facility certification program
- Community mental health center certification program
- Certified Nurse Aide registration program
- Hospitals - Critical access certification program
- Hospitals - Swing bed certification
- Hospitals - Prospective payment system excluded psychiatric or rehabilitation certification program
- Hospitals - Psychiatric hospital certification program
- Organ procurement organization certification program
- Outpatient physical therapy / speech pathology clinic certification program
- Portable x-ray certification program
- Rural health clinic certification program

Service Providers/Agencies:

Client Intake: Facilities and individuals must apply to ISDH for certification.

Client Eligibility Requirements:

Acute Care - Miscellaneous State Agency Survey and Licensure Programs

Purpose: To provides surveys and licensure of various other facilities and programs, and health care providers. Complaint and licensure surveys are performed under state statutory authority and administrative regulations.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-41-12-6
- IC 11-10-2-4(b)

Administrative Code Cites:
- IC 16-27-4-6

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Certification by the CMS is required for certain types of facilities in order to receive Medicare reimbursement for services provided to Medicare beneficiaries. Certification requires that facilities comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff services, and management of the facility. The facility must demonstrate compliance with the federal standards initially and on an ongoing basis. Certification is voluntary for facilities; however, it is required in order to receive Medicare reimbursement.

State History/Requirements: Various statutory and administrative regulatory requirements.

Program Services: All inspections and requirements for the facilities or health care providers use state regulations and standards which may, in the case of entities required to be federally certified, be the same as or similar to the federal requirements. The ISDH conducts surveys and inspections of facilities and issues licenses for agencies, facilities, or individuals as provided in statute and applicable administrative rules. Facilities or providers also licensed or subject to surveys or inspections by the ISDH include the following:

Statutory surveys or inspections
- Blood center licensing
- Correctional facility inspection program
- Personal care services agency licensing program (Under implementation)

Interagency contractual surveys or inspections
- Clinical laboratory licensing
- Bureau of Quality Improvement Services of FSSA, developmentally disabled waiver services survey program
- Mobile health care entity registration program (Effective July 1, 2007)
- Psychiatric residential treatment facility inspection program

Service Providers/Agencies:

Client Intake: Facilities or health care entities must apply to or contract with the ISDH.

Client Eligibility Requirements:

Birthing Center Licensing

Purpose: To license and regulate birthing centers.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-21-2-2

Administrative Code Cites:
- 410 IAC 27
- 414 IAC 1-1-4

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Acute Care

Advisory Board/Commission:
- Hospital Council (IC 16-21-1-1)

Expenditures

SFY	Total	Federal	State		Local
			General Fund	Dedicated	
2003					
2004					
2005					
2006					
2007^					

^ Appropriation

NOTE: Expenditures are not separated by provider type. The combined expenditures are listed under "Acute Care - Abortion Clinic Licensure" on Page 1.

Funding Details: 100% state-funded. License fees are distributed to the state General Fund.

An annual license fee is required to be collected before issuance of a license. The fee is determined on the basis of total annual births as reported to the Department on the most recently filed annual birthing center report.

Total Annual Deliveries	Fee
0-799	$ 500
800-3,499	$1,000
3,500-6,999	$2,000
7,000 and above	$3,000

Number of Clients Served

Snapshot:
- 2 birthing centers on June 21, 2007

Unduplicated for Year:

Description

Federal History/Requirements: There are no federal requirements for certification of birthing centers although state-licensed birthing centers are eligible to participate as providers in the Medicaid program, which is jointly funded by the state and federal governments.

State History/Requirements: A birthing center is defined as a freestanding entity that has the sole purpose of delivering a normal or uncomplicated pregnancy. The term does not include a hospital. The ISDH is required by P.L. 96-2005 to promulgate rules for the licensure and regulation of birthing centers. The law requires the Department to establish minimum license qualifications and to establish sanitation standards, staff qualifications, necessary emergency equipment, procedures to provide emergency care, quality assurance standards, and infection control. The statute further requires the Department to prescribe the operating policies and procedures for teh supervision and maintenance of medical records of birthing centers. The Department issued the first birthing center licenses in FY 2006.

Program Services: The ISDH regulates the physical plant and operations of birthing centers in the state. Licenses are issued to qualified entities annually upon review and approval of an application. In the case of new construction, additions, or renovations, provisional licenses may not be issued until the center has passed a preoccupancy inspection. After initial licensure, a licensing survey is to be conducted every two years by state staff unless the Division of Acute Care has determined that a nationally recognized accreditation organization has survey standards consistent with state standards, in which case an accreditation report or certification survey may be allowed to substitute for the state-conducted survey. If an accreditation report is accepted to substitute for a state-conducted survey, the Division is required to conduct a licensing survey at least once in every four-year period. The Commissioner may deny a license to operate a birthing center for reasons specified in the Administrative Code.

The ISDH also investigates credible complaints that allege noncompliance with the licensure requirements. Complaint surveys may be assigned a priority for investigation by Division policy and may be conducted alone or simultaneously with and in addition to a licensure survey. All survey results are required to be submitted to the birthing center in writing.

If a survey report documents noncompliance with the state rules, the birthing center has ten days in which to file a plan of correction before the survey report is made available to the public unless the Commissioner has determined there is a need for immediate release of the survey report.

State statute establishes a Class A misdemeanor for operating or advertising the operation of a birthing center that is not licensed by the Department. The Commissioner is authorized to take the following actions on the grounds of violation of state birthing center rules or certain other grounds specified in the Administrative Code. The Commissioner may: issue a letter of correction, issue a probationary license, conduct a resurvey, deny the renewal of a license, revoke a license, or impose a civil penalty in an amount not to exceed $10,000 per violation.

Client Intake: Birthing centers are required to apply for state licensure at least 45 days before the anticipated opening of the center. Licensed centers are required to submit applications for renewal of the license one month prior to the expiration of the current license.

Client Eligibility Requirements:

Sanitary Engineering - Environmental Health Section

Purpose: To ensure that the operations of the facilities of various regulated entities comply with safety and sanitation regulatory standards.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-3
- IC 16-41-22
- IC 16-41-26
- IC 16-41-27

Administrative Code Cites:

- 410 IAC 6-2.1
- 410 IAC 6-5.1
- 410 IAC 6-6
- 410 IAC 6-7.1
- 410 IAC 6-7.2
- 410 IAC 6-9

Account Numbers:

- 1000/104000

Administrative Division:

- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003	313,465	--	313,465	--	--
2004	344,689	--	344,689	--	--
2005	345,887	--	345,887	--	--
2006	363,859	--	363,859	--	--
2007^	340,034	--	340,034	--	--
^ Appropriation					

Funding Details: The Plan Review Section is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Mobile home park license inspection fees are $200 for the first 50 sites, plus $150 for each additional 50 sites. The license fee is paid every four years. Fees are collected and administered by the Department and distributed to the state General Fund.

There is no fee associated with the inspections or permits for agricultural labor camps, recreational vehicle camps, or youth camps. Schools are not charged inspection fees.

The statute requires a $100 license fee for mass gatherings to be made payable to the state. Program staff did not believe that this fee is collected.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: There are no specific federal requirements, although the EPA and the CDC may have recommendations on specific issues or may be called upon by states for advisory purposes.

State History/Requirements: The ISDH is authorized to adopt reasonable rules concerning the conduct of camps, and sanitary conditions and facilities in public buildings and grounds, including plumbing, drainage, sewage disposal, water supply, lighting, heating, and ventilation and all sanitary features other than where jurisdiction is vested by law in the Fire Prevention and Building Safety Commission or another state agency. The Department may also adopt rules regarding the design, construction, and operation of public swimming and wading pools.

In effect since 1965, state statute specifically provides that a person may not directly or indirectly operate an agricultural labor camp without a permit issued by the ISDH. An annual inspection must occur within 60 days of the first occupation of the camp for the year. A permit must be issued before the camp may be occupied. A permit is valid from the date of issuance through May 1 of the following year unless it has been revoked.

Mobile home parks may not operate without a license issued by the ISDH as first required in 1955. Licenses are issued for four calendar years. License fees are set by statute. While the ISDH's Environmental Health Section conducts inspections for licensure purposes, local health departments may enforce the standards of health and sanitation prescribed for these facilities by the state.

Since 1973 mass gatherings of at least 5,000 people that continue for at least 18 consecutive hours, whether on public or private property, may not be permitted, organized, advertised, promoted, or undertaken unless a license to hold the assembly has been issued by the appropriate law enforcement authority. This requirement does not apply to local festivals or events held on a regular basis before 1973, government-sponsored fairs held on established fairgrounds, or places permanently established as places of assembly, such as churches, athletic fields, or stadiums within certain limitations. The statute does not apply to land owned or leased by the state or federal governments. A license is required for each day and location in which at least 5,000 people may be expected to assemble for at least 18 hours. The local health department is required to investigate the conditions of the application and approve or disapprove the application for a license.

Program Services: The Environmental Health Section inspects and licenses mobile home parks and agricultural labor camps. The Section is responsible for inspections of recreational vehicle campgrounds located throughout the state on private or state property which may also include inspections of associated swimming beaches. Youth camps are also inspected by state personnel. State inspectors also do initial inspections of new schools and school facilities such as dormitories; subsequent school inspections are done only if a complaint is filed. The staff provides education, training, consultation, and technical assistance to local health departments on a variety of environmental health issues including swimming pool and spa sanitation. In addition, they provide the inspection services for swimming pools located on state property. They also may assist local health departments with inspections for and during mass gatherings if requested by the local health department.

Service Providers/Agencies: Local departments of health, and chiefs of police or county sheriffs.

Client Intake: Mobile home parks, sponsors of mass gatherings, and agricultural labor camps must apply for permits or licenses. Other regulated entities are tracked by lists maintained by the Section or are identified by consumer complaints.

Client Eligibility Requirements:

Long-Term Care - Nursing Facilities

Purpose: To license and regulate health facilities including both comprehensive care, residential care, and intermediate care facilities for the mentally retarded (ICF/MR).

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-28
- IC 16-29

Administrative Code Cites:
- 410 IAC 16.2

Account Numbers:
- 1000/214070

Administrative Division:
- Health Care Regulatory Services, Long-Term Care

Advisory Board/Commission:
- Indiana Health Facilities Council (IC 16-28-1).

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	10,878,084	7,756,371	3,121,713	--	--
2004	12,348,152	8,603,282	3,744,870	--	--
2005	12,629,792	8,734,662	3,895,130	--	--
2006	12,808,548	8,907,629	3,900,919	--	--
2007^	13,432,418	9,244,378	4,188,040	--	--

^ Appropriation
* CMS

Funding Details: State licensing and complaint survey activities conducted for residential units of comprehensive long-term care facilities or freestanding residential care facilities are funded only with state General Fund dollars. Certification and state licensure surveys are conducted simultaneously as much as possible in order to maximize the use of federal funds available for Medicare and Medicaid certification purposes.

Each license application is also required to be accompanied by a license fee which is determined by the number of available beds in the facility. The fee is $200 for the first 50 beds and an additional $10 for each additional bed over the initial 50.

Number of Clients Served -

Snapshot: On June 30, 2006 -
- 520 comprehensive care nursing facilities
- 87 residential care facilities
- 522 ICFs/MR facilities

Unduplicated for Year:

Description

Federal History/Requirements: The Social Security Act mandates the establishment of minimum health and safety standards that must be met by providers participating in the Medicare and Medicaid programs. The federal CMS maintains oversight for compliance with the Medicare and Medicaid health and safety standards for long-term care facilities serving Medicare and Medicaid beneficiaries. The surveys for the compliance determination are conducted on behalf of CMS by the individual state survey agencies under agreements provided for in the Social Security Act. The functions the state agencies perform are referred to as the survey and certification process. This process is to determine whether an entity initially meets the requirements for a long-term care facility and is in substantial compliance with the federal regulations. Subsequent surveys determine whether the facility continues to meet the requirements and remains in compliance with the regulations.

The ISDH is the state agency responsible for Medicare and Medicaid certification in Indiana. Certification requires that facilities comply with regulations developed by the federal government for the specific purpose of ensuring the health and safety of the residents served in the long-term care facility. The facility must demonstrate compliance with the federal regulations initially and on an ongoing basis. Certification is voluntary for facilities; however, it is required in order to receive Medicare or Medicaid reimbursement. A facility must be licensed in order to be certified.

If it is determined through the survey process that a facility does not attain substantial compliance with one or more of the regulations, a statement of deficiencies is sent to the facility. The facility has ten calendar days in which to respond with a plan of correction for each cited deficiency. If the facility has not achieved substantial compliance within a time period accepted as reasonable for the deficiency, the ISDH certifies noncompliance with CMS and remedies are proposed/imposed.

The ISDH investigates complaints that allege noncompliance with the certification or licensure requirements. Complaint surveys may be assigned a priority for investigation by Division policy and may be conducted alone or along with and in addition to a licensure or certification survey. All survey results are required to be submitted to the facility in writing.

State History/Requirements: A comprehensive care facility is a health facility that provides nursing care, room, food, laundry, administration of medications, special diets, and treatments and that may provide rehabilitative and restorative therapies under the order of an attending physician. Comprehensive care beds can be certified Medicare and/or Medicaid for reimbursement purposes. A health facility that provides residential nursing care or administers medications prescribed by a physician must be licensed as a residential care facility. Residential care facilities are not eligible for Medicare or Medicaid reimbursement and are licensed by the state. A residential care facility is a facility that provides residential nursing care.

Intermediate Care Facilities for the Mentally Retarded (ICF/MR) have different care standards for certification due to the needs of the clients eligible for the facilities. ICFs/MR are licensed by the Family and Social Services Administration (FSSA), but the facilities are surveyed by the ISDH.

The state has required health facilities to be licensed for over 25 years. The state license is required to be renewed annually. Long-term care facilities are required to be managed by a licensed administrator. Facilities must apply for state licensure and may apply for Medicare and Medicaid certification.

The ISDH regulates the physical plant and operations of health facilites in the state. Licenses are issued to qualified entities annually upon review and approval of an application. In the case of new construction, additions, or renovations, provisional licenses may not be issued until the facility has passed a preoccupancy inspection. After initial licensure, a licensing survey is to be conducted regularly by state staff. Complaints alleging breaches are required to be investigated as well. All surveys conducted by the Long-Term Care Division are unannounced. The Commissioner may deny a license, issue a provisional license, or issue a probationary license to operate a health facility for reasons specified in the Administrative Code.

Program Services: The ISDH conducts on-site surveys and document reviews of health facilities using multidisciplinary teams of health care professionals for certification and licensure.

Service Providers/Agencies:

Client Intake:

Client Eligibility Requirements:

Food Security Program

Purpose: To minimize the risk of a terrorist attack on the state's food supply and to be prepared to respond to threats to the food system.

Target Population: Food producers, processors, and distributors.

Overview -

Indiana Code Cites:

- IC 16-19-3
- IC 16-41

Administrative Code Cites:

Account Numbers:

- 3610/103200
- 3610/156500

Administrative Division:

- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	22,540	22,540	--	--	--
2004	86,248	86,248	--	--	--
2005	108,803	108,803	--	--	--
2006	117,341	117,341	--	--	--
2007^	130,186	130,186	--	--	--

^ Appropriation
* CDC

Funding Details: Primarily federally funded by the CDC under a Public Health Preparedness and Response to Bioterrorism Cooperative Agreement grant. However, this funds are not dedicated solely to this program.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Under the federal Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the scope of the President's Council on Food Safety is expanded to include other relevant agencies and organizations to create a food safety and security strategy addressing technologies, threat assessments, risk communication, and procedures for securing food processing and manufacturing facilities and modes of transportation. There are no regulations in place that address food security.

State History/Requirements: In February 2002, the ISDH entered into a Public Health Preparedness and Response to Bioterrorism Cooperative Agreement with the CDC. The work plan for the CDC grant includes ensuring the performance of risk and vulnerability assessments at Indiana food production, processing, and distribution facilities. Two food security specialists were hired to develop and implement the risk and vulnerability assessments.

Program Services: The newly formed Food Security Section provides guidance to Indiana food producers, processors, and distributors on how to conduct vulnerability assessments and to develop food security plans.

Service Providers/Agencies: ISDH

Client Intake:

Client Eligibility Requirement:

Medical Radiology Services

Purpose: To regulate the use of ionizing radiation machines in the state.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-41-35

Administrative Code Cites:
- 410 IAC 5

Account Numbers:
- 1000/104000

Administrative Division:
- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:
- Radiation Control Advisory Commission (IC 16-41-35-2)

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	287,780	108,224	179,556	--	--
2004	299,407	111,641	187,766	--	--
2005	304,098	119,813	184,286	--	--
2006	220,440	74,417	146,023	--	--
2007^	304,105	121,888	182,218	--	--

^ Appropriation
* Mammography Inspection Program

Funding Details: The Medical Radiology Services Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

The program has a contract for the inspection and enforcement of Food and Drug Administration regulations regarding mammography machines and facilities.

A $60 license fee is charged for an initial license as a radiological technician. A renewal fee of $60 is required every two years. There are no registration or license fees charged for radiation devices.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The U.S. Food and Drug Administration's Center for Devices and Radiological Health is the federal agency responsible for ensuring the safety and effectiveness of medical devices and eliminating unnecessary human exposure to man-made radiation from medical, occupational, and consumer products. This agency reviews requests to research or market medical devices; collects, analyzes, and acts on information about injuries in the use of medical devices; sets and enforces good manufacturing practice regulations and performance standards for radiation-emitting electronic products; and monitors compliance and surveillance programs for medical devices.

U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), is the federal regulatory agency that creates and enforces health and safety regulations for workplace exposure to radiation. In instances of overexposure of employees, the Medical Radiology Services program would interface with OSHA. The U.S. Department of Transportation regulations apply when machines are contained on mobile units or transported. The Nuclear Regulatory Commission (NRC) licenses certain machines used in radiation therapy.

State History/Requirements: The functions, powers, and duties of the ISDH with regard to radiation sources, devices, and materials were prescribed in the Radiation Control Act of Indiana of 1959. This Act authorized the ISDH as the agency responsible for regulating radiation in the state with reference to standards developed by the U.S. Atomic Energy Commission (now the Nuclear Regulatory Commission). The statute required that state rules and regulations were to be in conformance with the recommendations of the National Committee on Radiation Protection and Measurements. This act also established the Radiation Control Advisory Commission.

The Indiana Code requires that persons not required to have an Indiana general or specific license may not produce radiation or produce, use, store, sell, or otherwise dispose of radioactive materials, radiation machines, or electronic products unless the person registers with the ISDH. There are no administrative fees associated with registration. ISDH regulations for medical radiology machines require routine internal record-keeping activities and periodic inspections to be made by approved physicists/inspectors. The program also regulates and enforces limits for occupational exposure to radiation.

The statute also provides for the regulation of the level of training and experience necessary for operators of radiation machines. The Department licenses radiological technologists after successful completion of testing to establish the individual's initial qualifications. Licenses are issued for a two-year period.

Program Services: The Medical Radiology Services Program registers all ionizing radiation machines in the state and requires inspections of medical radiation machines and facilities on a regular basis. The program registers lithotriptors, certain nuclear medicine machines licensed by the NRC, and ionizing radiation machines used in industrial applications, but does not require inspection of these machines. Ultrasound imaging machines, MRIs (magnetic resonance imaging scanners), and lasers are not registered or inspected by the program. The program has posted lists of approved physicists/inspectors on the ISDH website. Owners of machines required to be inspected are responsible for obtaining and paying for the required inspections. Inspection results are reported to the program by approved inspectors. Under contract to the federal Food and Drug Administration, the program inspects mammography facilities to assess image quality, film processing, record-keeping, quality assurance, and quality control. The program initiates enforcement activities by issuing violation notices based on the inspection reports.

The program also requires monitoring of occupational radiation exposure for employees. A list of commercial personnel monitoring firms is maintained on the program's website as well as notices regarding occupational radiation exposure to employees that are required to be posted in the workplace. The program also licenses radiological technologists. Nuclear medicine technologists and radiation therapy technicians are not required to be licensed.

Service Providers/Agencies: Approved physicists/inspectors and commercial personnel-monitoring firms.

Client Intake: Owners or operators of radiation machines must register the devices with the program. Radiological technicians are licensed upon application and successful completion of a competency test.

Client Eligibility Requirement:

Motor Fuel Inspection Program

Purpose: To ensure uniformity among the requirements for motor fuels in Indiana. The program assures the accuracy of the octane labeling of motor fuels.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-44-3

Administrative Code Cites:
- 410 IAC 12.1

Account Numbers:
- 1000/104000
- 2570/140070

Administrative Division:
- Health Care Regulatory Services, Consumer Protection, Weights & Measures Division

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	145,159	--	61,093	84,066	--
2004	108,196	--	67,200	40,996	--
2005	224,015	--	66,109	157,907	--
2006	131,826	--	69,556	62,270	--
2007^	189,632	--	68,429	121,203	--

^ Appropriation
* Motor Fuel Inspection

Funding Details: The Motor Fuel Inspection Program is funded from state appropriations made for the administration of the ISDH and from the Motor Fuel Inspection Fund.

Revenue for the Motor Fuel Inspection Fund comes from the collection of required annual registration fees of $50 for each retail motor fuel outlet in the state.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The U.S. Department of Commerce, National Institutes of Standards and Technology, reference octane standards developed by the American Society for Testing and Materials. These standards are incorporated by reference into Indiana statutes and regulations.

State History/Requirements: Octane testing was enacted in 1991 to ensure that motor fuels are accurately labeled for octane rating. The statute requires all retail gasoline stations in Indiana to annually register with the ISDH and pay a fee.

Program Services: The program randomly collects gasoline samples and tests for octane levels. If a sample test demonstrates a violation, the Division implements its enforcement measures; a stop-sale order is issued. When a stop-sale order is issued, a retail gasoline outlet can either stop selling the mislabeled gasoline or re-label the dispenser to reflect the true octane rating. If the retail outlet refuses to do either, the gasoline dispensers in violation of the law will be padlocked by the staff. The Division staff also investigates consumer complaints about poor gasoline quality.

Service Providers/Agencies: Gasoline samples are taken by ISDH-employed field inspectors.

Client Intake: Random inspections of retail gasoline outlets or in response to consumer complaints.

Client Eligibility Requirement:

Retail Food Protection

Purpose: To ensure to state residents that their food supply is safe and wholesome.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-18-2-137
- IC 16-18-2-138
- IC 16-42-1,
- IC 16-42-2
- IC 16-42-5
- IC 16-42-5.2

Administrative Code Cites:

- 410 IAC 7-15.5
- 410 IAC 7-22
- 410 IAC 7-23
- 410 IAC 7-24

Account Numbers:

- 1000/104000

Administrative Division:

- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003	568,923	--	568,923	--	--
2004	597,903	--	597,903	--	--
2005	650,653	--	650,653	--	--
2006	659,462	--	659,462	--	--
2007^	694,997	--	694,997	--	--

^ Appropriation

Funding Details: The Retail Food Protection Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Retail food establishments must comply with the federal Food, Drug, and Cosmetic Act and associated regulations regarding food labeling, good manufacturing practices, handling and processing of low-acid food, acidified foods, etc. Federal regulations are incorporated by reference into the ISDH rules.

State History/Requirements: The ISDH establishes sanitary requirements for retail food establishments and authorizes local health departments to enforce the code and regulations. Food establishments are defined as any building, room, basement, vehicle of transportation, cellar, or open or enclosed area occupied or used for handling food. Food handling includes producing, processing, handling, preparing, manufacturing, packing, storing, selling, distributing, or transporting of food. Retail food establishments include restaurants, catering operations, food banks, grocery stores, local festivals and fairs, and other businesses selling or giving food products directly to the consumer. Local health departments enforce the code and regulations in their geographic areas but are limited to enforcing state codes and regulations; they may not mandate additional requirements. Additionally, after January 1, 2005, food establishments, with certain exceptions, are required to have at least one certified food handler who has demonstrated knowledge of safe food handling practices.

Program Services: The Retail Food Protection Division provides consultation and training to local health departments and provides technical assistance to consumers and businesses. The Division conducts inspections of food establishments located on state property, such as vendors at the State Fairgrounds or located on the Toll Road or in the Capitol complex. The Division also provides inspections of the food service operations of state and privately owned psychiatric hospitals that are certified by the Division of Mental Health and Addiction. The Food Protection Program uses the tools of enforcement when necessary to bring food establishments with serious food safety problems into compliance with food regulations. The enforcement process may include the levy of civil penalties and is utilized only after other efforts to bring a food establishment into compliance have been unsuccessful.

Most retail food establishments are inspected by local departments of health that enforce the state codes and regulations. Local governments may also have license or inspection fees which are assessed by local ordinances. The state currently does not charge a fee for state-conducted inspections nor is there a state license requirement.

Service Providers/Agencies: Local departments of health; ISDH for certain food establishments.

Client Intake:

Client Eligibility Requirements:

Sanitary Bedding Program

Purpose: To minimize the health risk associated with unsanitized bedding and to ensure that consumers are informed as to the contents of bedding materials.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-41-32-21, 22

Administrative Code Cites:

- 410 IAC 13-1

Account Numbers:

- 1000/104000

Administrative Division:

- Health Care Regulatory Services, Consumer Protection, Weights & Measures Division

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003	987	--	987	--	--
2004	1,071	--	1,071	--	--
2005	1,077	--	1,077	--	--
2006	1,139	--	1,139	--	--
2007^	1,149	--	1,149	--	--
^ Appropriation					

Funding Details: The Sanitary Bedding Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: Included in the Public Health Code enacted in 1949, the statute dealing with materials used in mattresses and bedding requires that persons engaged in the manufacture, remaking, or renovating of an article of bedding, or processing or selling felt, batting, pads, or loose material to be used in articles of bedding, may not use any secondhand material unless that material has been disinfected or sanitized by a process approved by the State Department of Health.

Persons desiring to receive approval of a sanitizing or disinfection process must submit a plan of the apparatus intended to disinfect or sanitize the material. After inspection and approval of the process and equipment to be used, the ISDH is to issue a numbered permit. This permit is to be conspicuously posted on the premises near the sterilizing equipment. Records of treated materials are to be kept and made available for examination by the Department at any time.

This statute also requires the substantial white cloth tag which describes the kind of materials used and other specific information that is required to remain on the product.

Program Services: New companies are required to apply for a sterilization or disinfection permit. There is no fee associated with the permit, and no periodic renewal is required. Effective July 1995, the state stopped collecting all fees for bedding licenses and sterilization permits. The state no longer issues registry numbers or bedding licenses. The program now responds only to complaints, which average one per month.

The program staff perform field inspections of sanitizing equipment in response to consumer complaints, mainly concerning hospital bed rentals and bedding purchased through rent-to-own companies.

Service Providers/Agencies:

Client Intake:

Client Eligibility Requirement:

Sanitary Engineering - Plan Review

Purpose: To ensure that building sites and plans and specifications for new construction or renovation of the facilities of various regulated entities comply with safety and sanitation regulatory standards.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-3

Administrative Code Cites:

- 410 IAC 6-10
- 410 IAC 6-3
- 410 IAC 6-4
- 410 IAC 6-5.1
- 410 IAC 6-6
- 410 IAC 6-7.1
- 410 IAC 6-7.2
- 410 IAC 6-9
- 410 IAC 6-11
- 410 IAC 6-12
- 410 IAC 15-1.5
- 410 IAC 15-2.3
- 410 IAC 16-2
- 414 IAC 1-1-4

Account Numbers:

- 1000/104000
- 1000/214070

Administrative Division:

- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

- Hospital Council (IC 16-21-1)
- Indiana Health Facilities Council (IC 16-28-1).

Expenditures					
SFY	Total	Federal	State		Local
			General Fund	Dedicated	
2003	722,118		722,118		
2004	797,456		797,456		
2005	809,385		809,385		
2006	837,791		837,791		
2007^	803,814		803,814		
^ Appropriation					

Funding Details: The Plan Review Section is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Plan review fees were promulgated by administrative rules in FY 2005. The fees are assessed for plan review activities and related services performed by the Section. Fees are collected and administered by the Department and distributed to the state General Fund.

Commercial on-site wastewater disposal facility	$200
Community wastewater disposal facility	$700
Mobile home park or mobile home park addition	$300
Ambulatory outpatient surgery center	$450
Health facility	$150
New Hospital or hospital addition	$550
Remodeling existing hospital	$300

No fees are assessed for the plan review of schools.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Centers for Medicare & Medicaid Services (CMS) standards and requirements for construction of health care facilities are incorporated by reference into state rules promulgated for hospitals, nursing facilities, and ambulatory outpatient surgical centers.

State History/Requirements: The ISDH is authorized to adopt reasonable rules concerning the disposition of excremental and sewage matter, the conduct of camps, and sanitary conditions and facilities in public buildings and grounds, including plumbing, drainage, sewage disposal, water supply, lighting, heating, and ventilation and all sanitary features other than where jurisdiction is vested by law in the Fire Prevention and Building Safety Commission or another state agency.

Program Services: Plan Review has two review areas: the Commercial Sewage Disposal Section and the Regulated Institutions Section.

The Commercial Sewage Disposal Section reviews soil surveys for on-site sewage disposal systems, plans and specifications for water supply, and sewage disposal systems to serve all types of public and commercial facilities. An on-site sewage disposal system is one that treats only domestic sewage onsite, with final disposal via absorption into the soil. Examples of commercial facilities would include apartments, churches, mobile home parks, subdivisions, gas stations, restaurants, golf course club houses, etc. If a sanitary sewer is available within a reasonable distance to a proposed facility, regulations require that a connection must be made to the sewer. The Plan Review Section does not regulate sewage treatment systems that discharge to a stream or other surface body of water - these systems are regulated by the Indiana Department of Environmental Management.

The Regulated Institutions Section reviews site surveys and total facility construction for various types of facilities as mandated by law or regulation. These facilities include: mobile home parks, day care centers, nursing homes, schools, hospitals, ambulatory outpatient surgical centers, birthing centers, correctional facilities, mental health facilities, agricultural labor camps, and organization and recreational campgrounds. Some, but not all, facilities require an initial site survey to determine if there are problems which would make the site unsuitable for the proposed use. When final plans for a facility to be constructed or renovated are submitted, the reviewer checks to determine that the plans meet all regulatory standards applicable to that particular project.

Plan Review staff inspect every new school facility including dormitories and other university facilities.

Service Providers/Agencies: Plans submitted for review must be prepared by registered engineers or architects.

Client Intake: Regulated entities must apply for permits or request surveys.

Client Eligibility Requirements:

Sanitary Engineering - Residential Sewage Disposal

Purpose: To enable local health departments to conduct on-site sewage programs that will have a positive effect on public health and the environment.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-3
- IC 16-41-25
- IC 16-41-26-8

Administrative Code Cites:

- 410 IAC 6-8.1

Account Numbers:

- 1000/104000

Administrative Division:

- Health Care Regulatory Services, Consumer Protection, Sanitary Engineering

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicate**	
2003	383,085	--	383,085	--	--
2004	424,282	--	424,282	--	--
2005	432,922	--	432,922	--	--
2006	450,516	--	450,516	--	--
2007^	460,367	--	460,367	--	--
^ Appropriation					

Funding Details: The Residential Sewage Disposal Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: There is no specific federal involvement, although the EPA and the CDC may be called upon by states for advisory purposes. Occasionally, at a state's request, block grant funds may be directed towards research work conducted by the Geological Survey or Purdue University on behalf of the program.

State History/Requirements: Regulation of residential septic systems did not become a public policy issue until after World War II when homeowners started retrofitting older homes for indoor plumbing and development of rural and suburban areas surged. The location and design of residential septic systems was a local issue and handled locally until the 1970s when the ISDH promulgated the first rule intended to standardize the specifications for residential septic systems across the state.

The Executive Board of the ISDH is allowed to adopt reasonable rules to protect or improve the public health in the state. Rules concerning the disposition of excremental and sewage matter are included in the list of subjects that these rules may address. The Indiana Code also specifies that the rules must provide that a plan review and permit for a residential septic system must be approved or disapproved within 45 days.

Statute also requires that residential septic systems installed after July 1, 1996, using a raiser more than 6 inches in diameter must also include a cap or plug beneath a lid that fastens securely.

The Department is also required to study new on-site residential sewage disposal systems that could replace currently operating systems that do not perform adequately due to soil characteristics, lot sizes, high water tables, or topographical conditions. ISDH is required to take all actions necessary to develop plans and specifications for the use of new technologies in residential septic systems and to promulgate rules that would allow for operating permits for systems developed in compliance with the plans and specifications.

The administrative rules promulgated by the Department specify details such as soil conditions, location with regard to water sources, and conditions and details relevant to the size and type of system to be installed.

Program Services: The Residential Onsite Sewage Program provides technical assistance and consultation services for local departments of health. Program staff also assist local health departments with sewage complaint investigations, site and soils evaluations, and system selection and design. The state staff also reviews literature for new on-site sewage system technologies and sets protocols for the implementation of new technologies in the state. The program provides education and training materials and conducts educational workshops and seminars for local health department staffs and members of the building industry.

Service Providers/Agencies: Local departments of health

Client Intake:

Client Eligibility Requirement:

Weights and Measures

Purpose: To ensure that consumers receive full measure or count when they purchase commodities.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-7-1
- IC 16-19-5-4
- IC 24-4-4
- IC 24-6

Administrative Code Cites:

- 410 IAC 12

Account Numbers:

- 1000/104000
- 6000/183400

Administrative Division:

- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	338,124		338,124	--	--
2004	371,453		371,453	--	--
2005	322,671		322,671	--	--
2006	376,046		353,223	22,823	--
2007^	386,531		355,553	30,978	--

^ Appropriation
*Weights & Measures Fund

Funding Details: The Weights and Measures Division is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

The Weights and Measures Program Metrology Laboratory calibrates and/or tolerance tests standards of mass, length, time, and volume. Fees are charged according to the specific measurement test performed and are deposited in the Weights and Measures Fund for use in training programs for inspectors and maintaining or acquiring equipment. Public schools and local government agencies are exempt from the Metrology Laboratory fees.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The U.S. Department of Commerce, National Institute of Standards and Technology, standards are incorporated by reference in the Indiana statutes as the official standards of the state. Various federal agencies, such as the Food and Drug Administration or the U.S. Department of Agriculture, require inspection and or calibration of weights and measures for regulated entities.

State History/Requirements: The first General Weights and Measures Law, enacted in 1911, assigned authority for this program to the State Board of Health. The Acts of 1947 created the Division of Weights and Measures in the State Board of Health. The Public Health Code was enacted in 1949 and transferred to the Division of Weights and Measures all the rights, powers, and duties granted under the General Weights and Measures Act.

Indiana Code specifies that standard weights and measures furnished by the national government and certified by the National Institute of Standards and Technology are the standards by which all state, county, and city standards are to be tried, proved, and sealed. The Division of Weights and Measures is required to maintain the state standards and provide for their safekeeping in a fireproof building belonging to the state. The Division or its inspectors are to correct the standards of the various counties and cities that may have appointed weights and measures inspectors. Every two years the local standards are to be compared with those in the Division's possession, and the work of the local inspectors of weights and measures is to be inspected. If a county or city does not have an appointed inspector of weights and measures, the Division is responsible for the general supervision for the weights, measures, and measuring and weighing devices in use in the locality. The Division is required to test or calibrate weights, measures, weighing or measuring devices, and instruments or apparatus used as standards in Indiana upon the written request of any party. The Division is also mandated to annually test all scales, weights, and measures used in checking the receipts or disbursement of supplies in every institution under the jurisdiction of the Department of Child Services.

Division, county, and city inspectors are authorized and empowered as special policemen and may arrest without formal warrant for any violation of the statutes in relation to scales, weights, and measures and to seize and use for evidence without formal warrant any false weight, scales, measure, or weighing or measuring device or packages or amounts of commodities found to be used, retained, or offered or exposed for sale, or sold in violation of the law. The Division may levy civil penalties to enforce the statutes.

Program Services: Division staff inspect all weighing and measuring devices in the 42 counties not required to appoint an inspector of weights and measures (those counties having a population less than 30,000). These inspections include vehicle scales, gasoline pumps, grocery store scales, and pharmacy scales. The Division staff also test large capacity scales and meters in the 50 counties and cities that are required to appoint inspectors but lack the specialized equipment to perform the tests. The majority of these devices are State Police scales, truck scales, airport refueling meters, and liquified petroleum gas meters. Other large scales tested by the Division include those for vehicles, railroad cars, hoppers, grain elevators, conveyor belts, and livestock. The Metrology Laboratory also inspects and calibrates weights and measures for industrial concerns required by various federal regulatory agencies and for various independent quality audits for certification or accreditation, such as the International Organization for Standardization (ISO) certification or requirements of Clinical Laboratory Improvement Amendments (CLIA). The Division inspects scales at state-owned correctional facilities and hospitals as well as state-contracted vendors such as Women, Infants, and Children (WIC) program vendors.

The Division is also responsible for assuring the accuracy of statements on any packaging that declares a weight or measure. Prepackaged commodities (such as meat, dairy, produce, or deli items) are check-weighed at random to verify that the declared weight is correct. Inspectors check many other types of commodities to verify accuracy in labeling, and they investigate consumer complaints regarding product shortages or unfair sales practices. The Division also provides training, supervision, and audit for all appointed local inspectors of weights and measures.

Service Providers/Agencies: Appointed city and county inspectors and ISDH inspectors.

Client Intake:

Client Eligibility Requirement:

Wholesale Food Protection Program

Purpose: To ensure that the state food supply is safe and wholesome. The Wholesale Food Protection program focuses on manufacturing and processing, warehousing, packaging, and transporting of food products.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-42-1,2 5

Administrative Code Cites:
- 410 IAC 7-21, 22

Account Numbers:
- 1000/104000

Administrative Division:
- Health Care Regulatory Services, Consumer Protection

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated**	
2003	309,654	--	309,654	--	--
2004	341,024	--	341,024	--	--
2005	351,864	--	351,864	--	--
2006	367,413	--	367,413	--	--
2007^	371,289	--	371,289	--	--
^ Appropriation					

Funding Details: The Wholesale Food Protection Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Wholesale food establishments must comply with the federal Food, Drug, and Cosmetic Act and associated regulations regarding food labeling, good manufacturing practices, handling and processing of low-acid food and acidified foods, and processing and bottling of drinking water and beverages. Federal regulations are incorporated by reference into the ISDH rules.

State History/Requirements: The ISDH establishes sanitary requirements for and inspects wholesale food establishments and enforces the code and regulations throughout the state. Food establishments are defined as any building, room, basement, vehicle of transportation, cellar, or open or enclosed area occupied or used for handling food. Food handling includes the producing, processing, handling, preparing, manufacturing, packing, storing, selling, distributing, or transporting of food. Wholesale food establishments include food manufacturing plants, processors, warehouses, packagers, and transporters. If a wholesale food establishment sells any products at retail, then they must also comply with all retail food establishment requirements. If a wholesale food establishment does less than 25% wholesale business, the local health department is responsible for enforcement of the wholesale regulations.

After January 1, 2005, food establishments, with certain exceptions, are required to have at least one certified food handler who has demonstrated knowledge of safe food handling practices.

The state does not currently license wholesale food establishments. There is a requirement that all facilities register with the ISDH within 30 days of opening. There is no fee associated with state registration.

The ISDH does not inspect or regulate egg, dairy, or meat processing facilities that fall under the authority of the State Egg Board or the Board of Animal Health.

Program Services: The Wholesale Food Protection Division inspects food manufacturing plants, processors, warehouses, packagers, and transporters of food products for distribution to another entity for resale or redistribution. The Wholesale Division also provides technical assistance to businesses. The program assesses security in food manufacturing plants and warehouses and also provides training and technical assistance on protection of these factilities from vandals and terrorists. The Food Protection Program uses the tools of enforcement when necessary to bring food establishments with serious food safety problems into compliance with the food regulations. The enforcement process may include the levy of civil penalties and is utilized only after other efforts to bring a food establishment into compliance have been unsuccessful.

Service Providers/Agencies: ISDH and local health departments.

Client Intake: Wholesale food establishments must register with the ISDH within 30 days of opening.

Client Eligibility Requirements: None

Childhood Lead Poisoning Prevention Program

Purpose: To help communities pursue the most appropriate approach to reducing the exposure of young children to environmental sources of lead and to increase the early identification of children exposed to environmental lead for treatment and follow-up care.

Target Population: At-risk children under the age of six years. Although childhood lead poisoning occurs in all population groups, the risk is higher for low-income families and families residing in housing built prior to 1950.

Overview -

Indiana Code Cites:
- IC 16-41-39.4

Administrative Code Cites:
- 410 IAC 3-2
- 410 IAC 2.3-87

Account Numbers:
- 1000/104000
- 3610/130300

Administrative Division:
- Human Health Services, Childhood Lead Poisoning Prevention

Advisory Board/Commission:
- Elimination Plan Advisory Committee

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	250,000	250,000	--	--	--
2004	649,046	649,046	--	--	--
2005	767,350	767,350	--	--	--
2006	829,200	829,200	--	--	--
2007^	985,809	985,809	--	--	--

^ Appropriation
* CDC, Childhood Lead Poisosn Prevention

Funding Details: Under current lead monitoring activities for children under the age of six years, the IDSH receives a federal grant. This grant pays for expenses associated with maintaining six staff positions. However, it does not provide funds for laboratory testing. The Department reports that lead tests cost the state about $15 each, and approximately 14,000 samples were tested in the Department's lab in FY 2002.

The Department cannot identify the number of Medicaid-eligible children that have been tested by the state laboratory. The laboratory testing expense is entirely paid with funds provided from the Department's main administrative appropriation due to the lack of billing capability. Data base maintenance and certain other administrative expenses are funded within the Department's administrative appropriation and claimed as state match for the federal grant. These laboratory testing and administriative expenditures are not separately identified for this program.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 53,708 for FY 2006

Description

Federal History/Requirements: Lead poisoning has been identified by the CDC as the most preventable environmental health threat to young children. The federal Lead Contamination Control Act of 1988 authorized the CDC to initiate program efforts to eliminate childhood lead poisoning in the United States. As a result of the Act, the CDC created the Childhood Lead Poisoning Prevention Branch with primary responsibility to:

(1) Develop programs and policies to prevent childhood lead poisoning.

(2) Educate the public and health care providers about childhood lead poisoning.

(3) Provide funding to state and local health departments to determine the extent of childhood lead poisoning by screening children for elevated blood-lead levels, helping to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and developing neighborhood-based efforts to prevent childhood lead poisoning.

(4) Support research to determine the effectiveness of prevention efforts at federal, state, and local levels.

The EPA, Department of Housing and Urban Development, CMS, and the CDC are the main agencies involved in a federal interagency strategy to eliminate childhood lead poisoning as a public health problem by 2010. Key elements of this strategy include: (1) identification and control of lead paint hazards; (2) identification and care for children with elevated blood-lead levels; (3) surveillance of elevated blood-lead levels in children to monitor program progress; and (4) research to improve childhood lead-poisoning prevention methods. Additionally, federal law has required that all children enrolled in Medicaid be screened for lead poisoning under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) since 1989. The CDC encourages states to link surveillance efforts with Medicaid data regarding the blood-lead testing required in that program.

State History/Requirements: Indiana has operated a childhood lead-poisoning prevention program since the early 1980s. In 1983, the Indiana Childhood Lead Poisoning Prevention Program was brought under the direction of and funded by the Maternal and Child Health Division of the ISDH.

Children with elevated blood-lead levels may suffer from learning disabilities, mental retardation, behavioral problems, lowered IQ, stunted growth, and hearing impairment. Convulsions, coma, and death can occur at higher levels. Although childhood lead poisoning occurs in all population groups, the risk is higher for children from low-income families and children who live in housing constructed before 1950.

Because of potentially severe and irreversible consequences of lead poisoning in young children, Indiana Code allows local governing boards of school corporations to require lead testing. There is no statewide requirement for lead testing. However, since 1989 federal law has required that all children enrolled in Medicaid be screened for lead poisoning under EPSDT. In 1998, this requirement was updated to specifically require lead testing at 12 and 24 months of age, as well as a required blood-lead level screening for children ages 36 to 72 months of age who have not previously been screened. There is no waiver to this requirement. The statute requires Indiana Medicaid to develop a system to evaluate the screening activities of managed care organizations for lead screening of children under the age of six years to monitor the state's compliance with federal Medicaid requirements.

Program Services: The program is to determine the incidence of lead poisoning in children who are under the age of six years and coordinate lead exposure detection activities of the local health departments. The program provides consultation and education to the testing provider network that screens for lead poisoning throughout the state. The program provides consultation to local health departments regarding the medical follow-up of identified cases and the associated environmental inspections intended to reduce the incidence of lead poisoning. The program is also responsible for the maintenance of a database that tracks the number of children and adults that have lead poisoning or are tested for exposure to lead. The ISDH also analyzes blood lead samples submitted to the ISDH laboratories.

Service Providers/Agencies: Local departments of health, physicians and other testing providers, and volunteer health care providers who have been recruited to collect blood-lead samples and to participate in medical case follow-up activities.

Client Intake:

Client Eligibility Requirement: Children at risk of exposure to environmental lead.

Behavioral Risk Factor Surveillance System

Purpose: To provide reliable data on the leading causes of death and chronic disease in Indiana and the United States.

Target Population: Adults over 18 years of age.

Overview -

Indiana Code Cites:
- IC 16-19-10

Administrative Code Cites:

Account Numbers:
- 3610/142200

Administrative Division:
- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicate**	
2003	110,856	110,856	--	--	--
2004	179,234	179,234	--	--	--
2005	166,201	166,201	--	--	--
2006	195,794	195,794	--	--	--
2007^	201,535	201,535	--	--	--

^ Appropriation
* CDC/Chronic Disease Prevention

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The CDC established the BRFSS in 1984 as a state-based systematic way to collect monthly information about health risk behavior, preventative health practices, and health care access related to chronic diseases.

The questionnaire has four types of questions: (1) Fixed core questions that do not change from year to year; (2) Rotating core questions that are asked every other year; (3) Emerging questions on current health issues; and (4) Optional modules on a variety of health issues that each state can choose to include in the survey. States administer the questions and may add questions addressing state-level concerns. However, state questions are not funded by CDC.

State History/Requirements: On a state level, the Behavioral Risk Factor Surveillance System (BRFSS) collects data about the prevalence of smoking, obesity, asthma, arthritis, diabetes, and heart disease in a format that allows comparisons among states as well as the national median.

Indiana has had cooperative agreements with the CDC since 1984 to administer the BRFSS. Under state law, the ISDH operates a State Health Data Center to collect and process health data; maintain statistics; improve the quality, timeliness, and comparability of health statistics; analyze and disseminate information about the health status of Indiana residents; provide access to health data; and support the goals and objectives of the Cooperative Health Statistics System established by the National Center for Health Statistics. In 2003, the ISDH was given authority to conduct surveys concerning the health status of Indiana residents and evaluate the effectiveness of the ISDH programs.

The ISDH partners with a variety of public and private programs to plan, implement, evaluate, and track disease and injury prevention. The ISDH contracts for telephone interviewing and data preparation. The CDC edits, corrects, compiles, and weights the data. Hospital discharge data are provided to the division that administers the BRFSS for data analysis.

Program Services: Telephone survey of adult state residents concerning health matters.

Service Providers/Agencies: Contractor selected by the ISDH every four years. Currently: Clearwater Research, Inc.

Client Intake:

Client Eligibility Requirements:

Breast and Cervical Cancer

Purpose: To provide comprehensive breast and cervical cancer early detection and to help uninsured and underserved women gain access to screening services.

Target Population: Uninsured and medically underserved women.

Overview -

Indiana Code Cites:

- IC 12-15-2-13.5

Administrative Code Cites:

Account Numbers:

- 1000/101530
- 3610/131300

Administrative Division:

- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	2,404,740	2,306,449	98,291	--	--
2004	2,058,508	1,965,508	93,000	--	--
2005	1,886,210	1,793,210	93,000	--	--
2006	1,968,558	1,882,068	86,490	--	--
2007^	2,384,637	2,298,147	86,490	--	--

^ Appropriation
* National Cancer Prevention and Control Program
** Cancer Education and Diagnosis - Breast Cancer

Funding Details: States are required to make nonfederal contributions in cash or in-kind toward costs in an amount equal to at least $1 for each $3 of federal funding.

The Cancer Education and Diagnosis - Breast Cancer appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

- 6,312 for FY 2006

Description

Federal History/Requirements: Authorized under the Breast and Cervical Cancer Mortality Prevention Act of 1990, the federal government offers cooperative agreements to states to assure screening and appropriate referrals for those testing positive. Cooperative agreements do not pay the cost of treatment or treatment services.

State History/Requirements: State law allows Medicaid coverage for women who are screened under the Breast and Cervical Cancer Program, and who: (1) are found to be in need of treatment, (2) have family income less than 200% of the federal poverty level, and (3) are less than 65 years of age.

Program Services: Funding breast and cervical cancer screening for eligible women.

Service Providers/Agencies: Local health departments and health care providers.

Client Intake:

Client Eligibility Requirements: Women between 40 and 64 years of age and up to 200% of the federal poverty level.

Cancer Registry

Purpose: To collect, manage, and analyze data about the occurrence of cancer cases including the type, extent, and location of the cancer; the type of initial treatment; and cancer deaths. Reports may be used for epidemiologic studies, to investigate suspected cancer clusters, or in cancer prevention and control programs.

Target Population: General welfare.

Overview -

Indiana Code Cites:
- IC 16-38-6

Administrative Code Cites:
- 410 IAC 21-1-6

Account Numbers:
- 1000/104060
- 3610/131700

Administrative Division:
- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	790,759	418,625	372,134	--	--
2004	810,500	491,193	319,307	--	--
2005	767,125	492,416	274,709	--	--
2006	1,047,155	586,767	460,387	--	--
2007^	1,396,291	802,488	593,803	--	--

^ Appropriation
* Enhanced Cancer Registry
** Cancer Registry

Funding Details: The Cancer Registry appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: In 1992, Congress amended Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) to allow the CDC to make grants to the states, or academic or nonprofit organizations designated by the states, to support operation of a statewide cancer registry. The Act also allows for the CDC to provide technical support to establish state registries including developing model legislation after the state's maintenance of effort has been met.

The program requires a nonfederal match that is not less than 25% of the costs, or $1 for every $3 of federal funding. No grants may be made without completion of an application. Among the assurances required in the application is that the statewide cancer registry must by authorized under state law.

State History/Requirements: The Cancer Registry was enacted in 1985, and the Cancer Registry contains reports of newly diagnosed cancers beginning January 1, 1987. Amendments to the statute occurred in 1988, 1991, 1993, 2001, and 2004. Significant changes allowed the state Cancer Registry to (a) collect data on residents of all states, not just Indiana residents (1988); (b) enter into data exchange agreements with other states (1991); (c) contract for services to operate the registry and produce an annual report by July 1 (2001); and (d) expand the types of health care providers required to report; require reporting of benign brain-related tumors; and produce an annual report by December 31 (2004).

The ISDH's administrative rules require the Cancer Registry to produce a comprehensive annual report.

Program Services: The Cancer Registry produces annual and customized reports.

Service Providers/Agencies: State employees and contractors process and manage incoming data from hospitals who are the major providers of the data. Additional contractors enter and process incoming data from nonhospital reporting sources and missed cases identified through linkages with death certificates; abstract data at smaller reporting facilities and large hospitals with abstract backlogs; and process and provide quality control of incoming data, and provide analysis. Generally, contracts are for one- to two-year periods.

Client Intake: The majority of incoming data is reported by hospitals throughout the state. Pathology laboratories, surgery and radiation therapy centers, physicians, dentists, and other medical facilities report cases not seen in a hospital. Data on Indiana residents are also received from 18 other state cancer registries with whom the Indiana registry has a formal data exchange agreement.

Client Eligibility Requirement:

Chronic Disease Project Grants

Purpose: To fund programs addressing chronic diseases that affect Indiana disproportionately.

Target Population: People with or at risk of acquiring diabetes, asthma, or arthritis, or use tobacco.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/101500
- 3610/103500
- 3610/147100
- 3610/143000

Administrative Division:
- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicate**	
2003	1,461,496	1,461,496	--	--	--
2004	1,687,587	1,687,587	--	--	--
2005	1,606,389	1,606,389	--	--	--
2006	1,973,509	1,973,509	--	--	--
2007^	1,668,947	1,668,947	--	--	--

^ Appropriation
* CDC

Funding Details: There are matching requirements for the Capacity Building Diabetes Control Program from nonfederal sources in an amount not less than 25%, or $1 for every $5 of federal funds awarded. For the Basic Implementation Diabetes Control Program Award, the match is 20%, or $1 for every $4 of federal funds awarded. State match is funded through state maintenance of effort dollars in other accounts.

There are no formulas or matches for the arthritis program. The program for the asthma grant has numerous exceptions depending on the source of the funding and the receiving entity.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Federal grants under the Public Health Service Act provide funding for state planning, implementation, and evaluation of programs promoting education and prevention for specific chronic diseases. The grants do not pay for treatment or rehabilitative services.

State History/Requirements: Currently, the ISDH administers project grants concerning diabetes, asthma, tobacco use prevention and control, and arthritis. In general the programs work with coalitions or advisory groups to improve surveillance of the disease and promote self-care or coordinate services.

Program Services: State plans for chronic diseases affecting Indiana; support for coalitions or others providing services to individuals with chronic disease.

Service Providers/Agencies: Local community organizations and health departments.

Client Intake:

Client Eligibility Requirements:

Comprehensive Cancer Control

Purpose: To reduce the cancer burden in Indiana through the development, implementation, and evaluation of a comprehensive plan that addresses cancer across the continuum from prevention through palliation.

Target Population: General welfare.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/154300

Administrative Division:
- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	--	--	--	--	--
2004	74,337	74,337	--	--	--
2005	117,762	117,762	--	--	--
2006	235,482	235,482	--	--	--
2007^	251,582	251,582	--	--	--

^ Appropriation
* National Cancer Prevention and Control Program

Funding Details: There are no statutory formula or matching requirements.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The CDC under the National Comprehensive Cancer Control Program provide grants for investigations and technical assistance to assist in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. The funding assists states with cancer control planning and implementation. Comprehensive cancer control is an integrated, coordinated, and multidisciplinary public health approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

State History/Requirements: The ISDH has established the Indiana Cancer Consortium as the primary vehicle for comprehensive cancer control.

Program Services: The Indiana Cancer Consortium has published the Indiana Cancer Control Plan, 2005-2008.

Service Providers/Agencies: Indiana Cancer Consortium

Client Intake:

Client Eligibility Requirements:

Health Program for Refugees

Purpose: To notify local health departments of refugees needing health assessment, encourage follow-up on problems of public health significance, and provide funds for translation services.

Target Population: Refugees, asylees, Cuban and Haitian entrants, Amerasians, and certified trafficking victims.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:

- 3610/141300

Administrative Division:

- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	Total	Federal*	State		Local
			General Fund	Dedicated	
2003	68,410	68,410	--	--	--
2004	57,583	57,583	--	--	--
2005	60,173	60,173	--	--	--
2006	60,315	60,315	--	--	--
2007^	57,084	57,084	--	--	--

^ Appropriation
* CDC

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

- 334 for FY 2006

Description

Federal History/Requirements: In the Refugee Act of 1980, federal funds are provided to the states to provide adequate health assessment activities for refugees among other things. Victims of human trafficking are included in the definition of refugee in the 2000 amendments to the Refugee Act.

State History/Requirements:

Program Services: Local health departments are contracted to provide health assessments of refugees.

Service Providers/Agencies: Marion County and Allen County Health Departments

Client Intake: Marion County and Allen County Health Departments

Client Eligibility Requirement: No additional eligibility requirements other than refugee designation.

Renal Disease

Purpose: To provide assistance for expenses associated with end-stage renal disease. The program assists with the costs of commercial insurance or Medicare premiums, or the costs of transplant anti-rejection drugs.

Target Population: People with end-stage renal disease who are unable to pay for continuing treatment.

Overview -

Indiana Code Cites:
- IC 16-46-8

Administrative Code Cites:

Account Numbers:
- 1000/121770

Administrative Division:
- Human Health Services, Chronic Disease

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	360,000	--	360,000	--	--
2004	333,637	--	333,637	--	--
2005	236,673	--	236,673	--	--
2006	258,919	--	258,919	--	--
2007^	305,000	--	305,000	--	--

^ Appropriation
* State Chronic Diseases

Funding Details: The State Chronic Diseases appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 101 for FY 2006

Description

Federal History/Requirements:

State History/Requirements: The ISDH is required to develop programs for the prevention, care, and treatment of persons suffering from chronic renal diseases, including dialysis, transplantation, and other medical procedures and techniques which will have a lifesaving effect. Also, the ISDH is to extend financial assistance to persons suffering from chronic renal diseases for obtaining necessary medical, nursing, pharmaceutical, and technical services, including the rental or purchase of home dialysis equipment. The financial assistance is available to individuals who are unable to pay for services on a continuing basis.

Program Services: The ISDH funds the National Kidney Foundation of Indiana (NKFI), which screens the eligibility of applicants and provides aid.

Service Providers/Agencies: NKFI.

Client Intake: Dialysis unit social workers, transplant social workers, or the NKFI.

Client Eligibility Requirements: An applicant must be an Indiana resident, have a medical diagnosis of end-stage renal disease, and have income limitations.

AIDS Care Coordination

Purpose: To ensure continuity of care and enhance the quality of life for individuals living with HIV/AIDS. The program emphasizes maximizing self-care.

Target Population: Individuals, families, and friends of individuals who are HIV/AIDS positive.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/130900

Administrative Division:
- Human Health Services, HIV/STD

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	579,690	579,690	--	--	--
2004	574,860	574,860	--	--	--
2005	561,206	561,206	--	--	--
2006	482,416	482,416	--	--	--
2007^	458,998	458,998	--	--	--

^ Appropriation
* Social Services Block Grant

Funding Details: The program is funded with federal funds. In FY 2005, the state appropriated $16.5 M from the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Number of Clients Served -

Snapshot:
- 3,280 on June 30, 2006

Unduplicated for Year:
- 3,818 for FY 2006

Description

Federal History/Requirements: Congress established the Social Services Block Grant (SSBG) program with the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act. Dollars from the SSBG are used to fund the AIDS Care Coordination program.

State History/Requirements: Funded in cooperation with Division of Family Resources Social Services Block Grant. The former Department of Human Services originally administered SSBG funds. The Family and Social Services Administration, Bureau of Family Protection and Preservation, has had funding responsibilities since 1992.

Program Services: Funds for care coordination services for individuals with HIV/AIDS.

S***ervice Providers/Agencies:*** ISDH

Client Intake: HIV Care Coordinators

Client Eligibility Requirement: HIV positive

AIDS/HIV Medical Care

Purpose: To improve the quality, availability, and organization of health care and support services for individuals with HIV disease and their families.

Target Population: HIV-positive Indiana citizens.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/142700

Administrative Division:
- Human Health Services, HIV/STD

Advisory Board/Commission:
- HIV Consumer Advisory Board

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	12,644,000	12,644,000	--	--	--
2004	10,360,107	10,360,107	--	--	--
2005	11,464,739	11,464,739	--	--	--
2006	11,689,553	11,689,553	--	--	--
2007^	11,665,719	11,665,719	--	--	--

^ Appropriation
* HRSA - Ryan White Care Act

Funding Details: Changes to the Ryan White CARE Act in 2006 require that 75% of the funds be spent on core medical services. For FY 2007, ISDH estimates that the match required for HIV/AIDS medical services is 33.3%. State match is funded through state maintenance of effort dollars in other accounts.

Number of Clients Served -

Snapshot:
- 1,095 on June 30, 2006

Unduplicated for Year:
- 1,404 in FY 2006

Description

Federal History/Requirements: The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted in 1990 and reauthorized in 1996 and again in 2000. The Act has four different types of funding including Title II, or Part B, which provides funding to states for ambulatory health care, home-based health care, insurance coverage, medications, support services, outreach to HIV-positive individuals, early intervention services, and HIV Care Consortia. The largest portion of the funding is earmarked for the AIDS Drug Assistance Program (ADAP), which provides access to medications.

Title II funds are awarded to states using a formula that has been based on the reported AIDS cases. Soon, HIV prevalence will be used to distribute funds. The grant also requires that states with more than 1% of the reported AIDS cases in the U.S. during the previous two years provide matching funds.

State History/Requirements:

Program Services: The program services primarily pay for certain costs in combination with or prior to insurance payments. The services for HIV-positive individuals include the following.

Health Insurance Assistance Plan (HIAP) pays premiums, deductibles, and co-insurance for covered services. The covered services include doctor visits, hospital expenses, skilled nursing facilities, surgical expenses, home care services, prescription drugs, mental illness, and other professional services.

AIDS Drug Assistance Plan (ADAP) provides limited FDA-approved therapeutic drugs during the waiting period before HIV insurance coverage begins, or for individuals 65 or older with Medicare.

Early Intervention Plan (EIP) covers the costs associated with medical services such as doctor visits, laboratory services, pneumococcal vaccines, and flu shots prior to when HIV insurance coverage begins.

Medicare Part D Assistance Plan (MDAP) helps individuals afford Medicare Part D prescriptions including deductibles and co-insurance, but not premiums. Only people over 65 years of age are eligible.

Service Providers/Agencies:

Client Intake: HIV care coordinators.

Client Eligibility Requirement: Generally, HIV-positive individuals.

AIDS/HIV Prevention

Purpose: To reduce the number of new HIV infections in Indiana through statewide prevention projects.

Target Population: Teenagers, homeless/runaway youth, men who have sex with men, women at risk, substance users, needle sharers, prisoners, individuals from racial or ethnic populations that are disproportionally affected by HIV/AIDS. Also, local HIV service providers, local health departments, and health care providers.

Overview -

Indiana Code Cites:
- IC 16-38-4

Administrative Code Cites:

Account Numbers:
- 3610/144100

Administrative Division:
- Human Health Services, HIV/STD

Advisory Board/Commission:
- HIV Prevention Community Planning Group

Expenditures

SFY	Total	Federal*	State		Local
			General Fund	Dedicated	
2003	2,667,334	2,667,334	--	--	--
2004	2,663,260	2,663,260	--	--	--
2005	2,647,546	2,647,546	--	--	--
2006	2,629,713	2,629,713	--	--	--
2007^	2,547,329	2,547,329	--	--	--

^ Appropriation
* CDC

Funding Details: No statutory formula or matching requirements.

Number of Clients Served -

Snapshot:
- 71,790 on June 30, 2006

Unduplicated for Year:
- 103,632 for FY 2006

Description

Federal History/Requirements: A five-year federal grant is available on an application basis.

State History/Requirements: Under state law, the ISDH develops educational program materials appropriate for use in education concerning the transmission of HIV prenatally and neonatally and promotes the use of the educational program materials by health care providers that furnish prenatal health care services. The materials must emphasize abstinence as the best method for reducing AIDS infections, and they may not be distributed in schools without the consent of the local school board.

In addition to federal funds, the AIDS education program's staff and overhead costs provide a portion of the state-funded match needed to receive federal AIDS and HIV funding.

Program Services: Prevention Programs - Community-based organizations provide education and information that initiate behavior modification to reduce an individual's risk of HIV infection.

Counseling, Testing, and Referral Program - Coordination of local HIV counseling and testing sites to promote early detection and manage HIV-related illnesses. The program also educates people regarding alternative behaviors to those that facilitate HIV infections and provides access to health care.

HIV Prevention Community Planning Group - Brings together service providers, policy makers, and people and families affected by HIV/AIDS to develop a guide to make prevention programs effective.

Training and Development Programs - Provides education and capacity building for communities of color.

Capacity Building - Assists community-based organizations and local health departments to increase and sustain their ability to deliver effective HIV prevention services.

Comprehensive Risk Counseling and Services (CRCS) - Provides intensive, ongoing, and individualized prevention counseling, support, brokerage through a hybrid of HIV risk-reduction counseling and traditional case management.

Perinatal HIV Project - Provides consultation, education, training, and technical assistance to health care providers and women.

Service Providers/Agencies: Community-based organizations and local HIV counseling and test sites.

Client Intake: CRCS and HIV Counselors

Client Eligibility Requirement: Open to public; for CRCS, must be high-risk negative or HIV positive

AIDS/HIV Surveillance

Purpose: To maintain, measure, and evaluate the extent of HIV/AIDS incidence and prevalence throughout the state and nationally.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-41-2
- IC 16-41-6

Administrative Code Cites:

- 410 IAC 1-2.3
- 410 IAC 1-7-7

Account Numbers:

- 1000/121600
- 3610/144400
- 3610/155600
- 3610/133400

Administrative Division:

- Human Health Services, HIV/STD

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	528,742	465,164	63,578	--	--
2004	590,971	546,974	43,997	--	--
2005	629,008	602,413	26,595	--	--
2006	782,611	709,562	73,049	--	--
2007^	1,592,774	1,551,157	41,617	--	--

^ Appropriation
* CDC
** AIDS Education

Funding Details: The AIDS Education appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

- 210 HIV cases and 196 AIDS cases were reported in CY 2006.

Description

Federal History/Requirements: Authorized under the Public Health Services Act, the federal government funds costs associated with surveillance programs. States apply for funding and must be recipients of HIV/AIDS surveillance cooperative agreements.

State History/Requirements: Physicians, hospitals, laboratories, and the Department of Correction must report each case of HIV, including confirmed cases of AIDS. Administrative rules require reporting of all communicable diseases. Current statute also requires testing of pregnant women, donated blood, bodily fluids of dead bodies, and donated semen.

Program Services: Core surveillance includes active and passive surveillance of adults, adolescents, perinatal exposure, and pediatric HIV and AIDS cases. Additional surveillance programs include HIV Incident Surveillance, which provides information on new HIV infections each year; the Medical Monitoring Project, which provides information on people living with HIV/AIDS who receive care; and the Never In Care Project, which describes persons who are HIV infected but are not in care. Indiana is one of five sites for the Never in Care Project which is funded through a cooperative agreement with the CDC.

Service Providers/Agencies: Physicians, hospitals, laboratories, and the Department of Correction have the reporting responsibility.

Client Intake:

Client Eligibility Requirement:

Hemophilia

Purpose: To provide assistance with insurance premiums for eligible individuals and other related conditions.

Target Population: Children and adults with hemophilia who need continuing treatment.

Overview -

Indiana Code Cites:
- IC 16-41-18

Administrative Code Cites:

Account Numbers:
- 1000/121770 (adults)
- 2070/140000 (children)

Administrative Division:
- Human Health Services, HIV/STD

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund**	**Dedicated**	
2003	*	--	--	--	--
2004	*	--	--	--	--
2005	88,320	--	88,320	--	--
2006	80,542	--	80,542	--	--
2007^	283,000	---	283,000	--	--

^ Appropriation
* The Division of HIV/STD did not monitor this project prior to 2004.
** State Chronic Diseases

NOTE: Expenditures may differ slightly from the finance ledgers due to year-end posting variations.

Funding Details: The State Chronic Diseases appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served

Snapshot:

Unduplicated for Year:
- 24 for FY 2006

Description

Federal History/Requirements:

State History/Requirements: The ISDH is required by statute to establish a program for the care and treatment of persons suffering from hemophilia that assists individuals who require continuing treatment but are unable to pay for the entire costs of the services. The program has been in existence since 1982.

Program Services: The program provides insurance premium assistance through the Indiana Comprehensive Health Insurance Association (ICHIA). Children's premiums are paid through Children with Special Needs funding.

Service Providers/Agencies: ICHIA

Client Intake: Hemophilia of Indiana, Inc's caseworkers; Children with Special Needs caseworkers

Client Eligibility Requirements: The applicant must

(1) Be an Indiana resident and have been a resident for the past 12 months.
(2) Be 64 years of age or younger.
(3) Be diagnosed with hemophilia or von Willebrand disease.
(4) Have income that is equal to or less than total liabilities and have total liquid assets of less than $10,000 (certain exceptions apply).
(5) Not be eligible for Medicare, Medicaid, or private insurance.

HIV Substance Abuse Program

Purpose: To provide partial support of prevention and HIV early intervention activities when the state is required to do so based on its AIDS rate. In addition, substance abuse treatment services are provided.

Target Population: Low-income people with chronic addictions who are at risk of HIV.

Overview -

Indiana Code Cites:
- IC 12-7-2-40.6

Administrative Code Cites:

Account Numbers:
- 3610/148100

Administrative Division:
- Human Health Services, HIV/STD
- Division of Mental Health and Addiction (Family and Social Services Administration)

Advisory Board/Commission:
- DMHA Advisory Council (IC 12-21-4)

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	886,268	886,268	--	--	--
2004	893,204	893,204	--	--	--
2005	888,916	888,916	--	--	--
2006	854,147	854,147	--	--	--
2007^	900,000	900,000	--	--	--
^ Appropriation					

Funding Details: A federal requirement mandates a minimum expenditure of 5% of the federal fiscal year Substance Abuse and Prevention Treatment Block Grant for this service. Funding is to be distributed to existing substance abuse treatment programs.

Number of Clients Served -

Snapshot:
- 1,510 on June 30, 2006

Unduplicated for Year:
- 4,597 for FY 2006

Description

Federal History/Requirements: HIV Early Intervention Services are to be provided to persons who are admitted to substance abuse treatment. The state is required to provide HIV early intervention when the state is a "designated state." This means that the state has a rate of AIDS that is 10 per 100,000 or greater. The determination of the rate is made by the CDC on a calendar-year basis.

State History/Requirements: Indiana was deemed a designated state by the federal government in 1996 and 1997. At the time, the state received funding through the Substance Abuse Prevention and Treatment Block Grant to create this program. Although Indiana has not been considered a designated state since 1997, Indiana has continued the program with its own funding.

Program Services: Services include (a) appropriate pretest counseling; (b) testing of individuals to confirm the presence of the disease, to diagnose the extent of the deficiency in the immune system, and to provide information on the appropriate therapeutic measures for preventing and treating the deterioration of the immune system; (c) appropriate post-test counseling; and (d) providing therapeutic measures.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness.

Client Intake: HAP service providers, community mental health centers, and others that contract with HAP are located throughout the state.

Client Eligibility Requirement: Individuals with chronic addictions who are at or below 200% of the federal poverty level.

Sexually Transmitted Disease

Purpose: To reduce the incidence of sexually transmitted disease (STD) in Indiana by contracting with local agencies for disease patient investigation, referral, and patient interviewing for partner referral.

Target Population: Teenagers, young adults, and adult population

Overview -

Indiana Code Cites:
- IC 16-20-1-21
- IC 16-41-2

Administrative Code Cites:
- 410 IAC 1-2.3

Account Numbers:
- 3610/141610

Administrative Division:
- Human Health Services, HIV/ STD

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	0.00	0.00	--	--	--
2004	4,578,203	4,578,203	--	--	--
2005	2,203,543	2,203,543	--	--	--
2006	1,829,609	1,829,609	--	--	--
2007^	1,862,409	1,862,409	--	--	--

^ Appropriation
* CDC

Funding Details: This project grant program has no statutory formula or matching requirements. However, the CDC does require the applicants assume part of the project costs.

Number of Clients Served -

Snapshot:
- 18,742 on June 30, 2006

Unduplicated for Year:
- 35,154 in FY 2006

Description

Federal History/Requirements: The CDC provides funding authorized by the Public Health Service Act, Section 318a, Disease Control Amendments of 1976 and 1978, the Omnibus Reconciliation Act of 1981, and the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 1988 to reduce morbidity and mortality by preventing cases and complications of STD. Among other uses, the funds may be used for surveillance, case investigation and follow-up, and professional education training, and clinical skills. The funds may not be used to supplant existing STD control services provided by the state or for performing diagnostic tests, maintaining central registries, providing diagnostic and treatment facilities and services, or purchasing automated data processing equipment.

State History/Requirements: Under state law, physicians, hospitals, laboratories, and the Department of Correction must report each case of sexually transmitted disease, and local health departments may take any action authorized by statute or rule of ISDH to control communicable disease. Administrative rules require reporting of all communicable diseases and indicate the procedure that local health departments must follow upon notification concerning a communicable disease.

Program Services: Technical and financial assistance to local STD surveillance programs.

Service Providers/Agencies: Local STD programs contracted by the ISDH.

Client Intake: Local STD programs contracted by the ISDH.

Client Eligibility Requirement: Services available at age 14.

Immunization Program

Purpose: To prevent disease, disability, and death in children, adolescents, and adults through immunization.

Target Population: Immunization of at-risk individuals for preventable communicable diseases.

Overview -

Indiana Code Cites:

- IC 12-17.2-3.5-11.1
- IC 16-38-5
- IC 20-12-71-11
- IC 20-34-4-2

Administrative Code Cites:

Account Numbers:

- 1000/104000
- 3610/142300

Administrative Division:

- Human Health Services, Immunization

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	3,624,852	3,624,852	--	--	--
2004	4,110,992	4,005,892	105,100	--	--
2005	4,037,483	3,922,936	114,547	--	--
2006	5,067,195	3,325,967	1,741,228	--	--
2007^	3,420,006	3,301,474	118,532	--	--

^ Appropriation
* CDC

Funding Details: National Immunization Program funding provides vaccines for distribution to eligible Medicaid, low-income, or under-insured children. The state receives an annual spending allotment for vaccines. Storage and distribution costs are charged against the annual allotment. The Immunization Program draws against the allotment - the state does not receive federal funds for vaccine purchases, nor does it handle vaccines. The program acts as a central purchasing agent for the various providers that order vaccines. The program determines how and where to allocate the various vaccines according to need. Funds from the CHIP program are transferred to the Immunization Program to be used to directly purchase CDC vaccines for CHIP-insured children who are not eligible for the Vaccines for Children program.

Program and administration expenses are federally funded by the U.S. Public Health Service Intensive Immunization Grant.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

- 4,618 shipments were sent to 827 providers resulting in 598,370 doses given during the month of June 2006.

Unduplicated for Year:

- 11,511 shipments were sent to 872 providers resulting in 1,397,975 doses administered for the entire year of 2006.

Description

Federal History/Requirements: The National Immunization Program (NIP) is administered by the federal CDC. As a disease prevention program, the NIP provides leadership for the planning, coordination, and conduct of immunization activities nationally. The NIP provides consultation, training, statistical, promotional, educational, epidemiological, and technical services to assist health departments in planning, developing, and implementing immunization programs. The NIP supports the establishment of vaccine supply contracts for vaccine distribution to state and local immunization programs. The NIP also assists health departments in the development of vaccine information management systems to: (1) facilitate identification of children who need vaccinations; (2) help parents and providers ensure that children are immunized at the appropriate age; (3) assess the immunization levels in state and local areas; and (4) monitor the safety and efficacy of vaccines by linking the vaccine administration information with adverse event reporting and disease outbreak patterns. The NIP administers research and operational programs for the prevention and control of vaccine-preventable diseases and supports a nationwide framework for effective surveillance of designated diseases for which effective immunizing agents are available.

State History/Requirements: While statute focuses on immunization requirements for young children and certain persons employed or residing in institutional settings, the immunization program also on a limited basis arranges the distribution of certain vaccines for at-risk individuals, young adults, and older adults. This program functions as the statewide purchasing and coordination point for the federal Vaccines for Children Program. Patients are seen in private and public settings operated by local levels of government or by private providers.

Indiana statutes have required children entering school to provide proof of immunization and/or disease testing for over 50 years. The Indiana Code requires every child residing in the state to be immunized against diphtheria, pertussis, tetanus, measles, rubella, poliomyelitis, and mumps. Additionally, every child residing in Indiana and entering kindergarten or first grade is required to provide proof of immunization for hepatitis B and varicella (chicken pox). Other statutes require school corporations to report the immunization status of entering students to the ISDH; licensed child care providers and child care voucher providers to document age-appropriate immunization status for children in their care; and colleges and universities with residential facilities to document students' immunization status. Indiana statutes and rules contain numerous immunization requirements for residents and employees of organizations that provide institutional care to a variety of individuals. Not all of these mandated requirements must be reported to the ISDH; but documentation of the immunization status of specific individuals is required to be maintained. The ISDH is also authorized to develop and maintain a registry to collect, store, analyze, release, and report immunization data.

Program Services: The Immunization Program functions include: (1) purchase and statewide distribution of vaccines for eligible children and certain vaccines for adults; (2) coordination and support for local departments of health that operate public clinics that offer immunizations for free or reduced cost; (3) regulation of the type of immunization, periodicity, documentation, and reporting of immunizations given; (4) administration and maintenance of the immunization data registry; and (5) disease surveillance of vaccine-preventable diseases and follow-up.

Service Providers/Agencies: Indiana Medicaid and CHIP programs, local health departments, public and private providers that administer vaccines to eligible children, certain day-care providers, local school corporations and private K-12 schools, and colleges and universities.

Client Intake: The Immunization Program does not administer vaccines to individuals.

Client Eligibility Requirement: Varies by program of entry to the health care system

Injury Prevention Program

Purpose: To provide a core injury prevention focus and to maintain an injury surveillance system.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-3
- IC 35-47-7-6
- IC 35-47-7-4
- IC 16-19-3-21
- IC 16-19-3-28

Administrative Code Cites:

Account Numbers:

- 3010/140210

Administrative Division:

- Human Health Services, Injury Prevention

Advisory Board/Commission:

- Injury Prevention Advisory Council (a volunteer advocacy group).

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	16,286	16,286	--	--	--
2004	51,406	51,406	--	--	--
2005	84,626	84,626	--	--	--
2006	18,977	18,977	--	--	--
2007^	20,500	20,500	--	--	--

^ Appropriation
* CDC 2003-2005
Title V - MCH Block Grant 2006-2007

Funding Details: The program has used available federal funds from the CDC and the HRSA. Maternal and Child Health block grant funds have supported some program activity, as well as state administrative appropriations.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The federal Maternal & Child Health Block Grant best practices and indicator reporting requirements include injury prevention as a required component. Required indicator reports include teen driving and related injuries and deaths related to youth suicide.

State History/Requirements: The program was established in 2002 to aid in the development of strategies for decreasing injury and deaths due to injury among Hoosiers. Grant funding from the CDC for 2002-2005 provides support for an injury epidemiologist was a major impetus in the development of this program. With the passage of a law in 2006, the program personnel will concentrate on trauma program system development. The Department is networking with other state agencies such as the State Office of Traffic Safety to develop collaborative funding opportunities in order to develop the state trauma registry.

State statutes require that fireworks-related injuries be reported to the ISDH. Additionally, dog bites are required to be reported to the Department. The vital statics reports and the hospital discharge data reported to the Department are the sources of the information for the report “Suicide in Indiana” and “Injuries in Indiana” published on the program web page.

Program Services: Epidemiology data collection, surveillance, and published reports.

Service Providers/Agencies: Suicide Prevention Coalition; hospitals and health care providers required to report; and vital statistics and hospital discharge data bases.

Client Intake:

Client Eligibility Requirement:

Trauma System

Purpose: To develop a state trauma system to ensure that injured Indiana residents receive medical care in the most timely and appropriate manner.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC 16-19-3-28

Administrative Code Cites:

Account Numbers:

- 3610/155300
- 3010/140210

Administrative Division:

- Human Health Services, Injury Prevention

Advisory Board/Commission:

- ISDH Trauma System Advisory Task Force (a voluntary advocacy group)

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	--	--	--	--	--
2004	--	--	--	--	--
2005	323,510	32,510	--	--	--
2006	2,277	2,277	--	--	--
2007^	150,000	150,000	--	--	--

^ Appropriation
* Health Resources and Services Adminiatration, 2005-06
National Highway Traffic Safety Administration, 2007

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: A 2002 federal survey of state trauma systems indicated that Indiana had no system. A grant system for states to develop, implement, and improve statewide trauma care systems was enacted under 42 USC 300d, et seq. Indiana received an initial HRSA grant in 2004-05 and in 2005-06.

State History/Requirements: In the 2006 legislative session, the General Assembly passed a law that allows ISDH to adopt rules for a state trauma registry and for standards and procedures for trauma care level designation of hospitals. The statute also makes the ISDH the lead agency for the development, implementation, and oversight of a statewide comprehensive trauma care system. The ISDH is networking with other state agencies, such as the state Office of Traffic Safety, to develop collaborative funding opportunities in order to develop the state trauma registry.

Program Services: Rules have not been adopted as of 5/25/2007.

Service Providers/Agencies: Hospitals, particularly 7 hospitals verified as Level I or II trauma centers by the American College of Surgeons.

Client Intake:

Client Eligibility Requirement:

Birth Defects and Problems Registry

Purpose: To record all cases of birth problems in order to promote fetal, infant, and child health, and to prevent birth defects and childhood developmental disabilities. Additional federal programs educate the public and health care providers about genetic services, genetics-related issues, and advancements in the fields of genomics.

Target Population: Children identified as having a birth defect based on hospital billing codes or physician reporting.

Overview -

Indiana Code Cites:
- IC 16-38-4-7

Administrative Code Cites:
- 410 IAC 21-3

Account Numbers:
- 2550/140060
- 3610/103400

Administrative Division:
- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	156,230	156,230	--	--	--
2004	206,093	206,093	--	--	--
2005	238,028	238,028	--	--	--
2006	207,713	207,713	--	--	--
2007^	214,627	162,627	--	52,000	--

^ Appropriation
* Birth Problems Registry Fund

Funding Details: The program is partially funded by a $2 fee collected for each search for a birth record conducted by the Vital Records Section and for the issuance of a certified copy. Approximabely $108,000 is collected annually by the Vital Records Section for the Indiana Birth Defects and Problems Registry (IBDPR) personnel. In the past, this fund had been used to fund software upgrades for Vital Statistics and personnel not directly connected to the IBDPR.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 3,799 children born in CY 2006 have been reported to the IBDPR by hospital discharge.

Description

Federal History/Requirements: The state has received discretionary grants from CDC, HRSA, and Social Security Disability Insurance to implement the registry. The ISDH received a Genetics Implementation Grant, authorized under Title V of the Social Security Act (42 USC 702), which provides for enhancements to the Birth Defects and Problems Registry as well as other genetic and genomic education.

State History/Requirements: The IBDPR was enacted in law in 1986 as the Birth Defects Surveillance Program. State statute requires reporting for every birth problem that has been diagnosed before a child's third birthday or that is diagnosed at the time of a child's death up to three years of age. Fetal Alcohol Syndrome and pervasive developmental disorders diagnosed before a child's fifth birthday are also reported on the Registry.

In addition, state statute requires screening of newborns at the earliest feasible time to detect hemoglobinopathies, including sickle cell anemia. The Interagency Council on Black and Minority Health is instructed to examine (among other things) the impact of sickle cell anemia on minority health by the Indiana Code.

Program Services: Physician training concerning the process and resources for families with children with specials needs.

Service Providers/Agencies: Public and private hospitals and health care providers.

Client Intake:

Client Eligibility Requirement: Child must be a resident of Indiana

Children's Oral Health Care Access Program

Purpose: To provide preventive dental care for underserved children.

Target Population: Children from low-income families,Title I schools.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- •1000/104000
- • 3610/154700

Administrative Division:
- • Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:
- • Children's Oral Health Care Access Program

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	206,738	96,738	110,000	--	--
2004	112,500	65,000	47,500	--	--
2005	135,763	68,263	67,500	--	--
2006	102,500	65,000	37,500	--	--
2007^	102,500	65,000	37,500	--	--

^ Appropriation
* Title V - MCH Block Grant

Funding Details: The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:
- • 2,500 on June 30, 2006

Unduplicated for Year:
- • 2,500 in FY 2006

Description

Federal History/Requirements:

State History/Requirements: The program began operating in February 2004.

Program Services: The SEAL INDIANA program is a mobile dental program that provides preventive oral health services for children who do not have adequate access to dental care across the state. ISDH and Indiana University Purdue-University Indianapolis provided start-up funding for this program. SEAL INDIANA includes a 40-foot mobile dental unit, two stationary and four portable dental chairs and units, and a passenger van to carry staff and equipment.

Services provided by SEAL INDIANA include dental sealants, examinations, x-rays, and fluoride varnish. Treatment is based on the individual needs of each child. SEAL INDIANA provides no restorative services. This is consistent with the philosophy that more invasive dental treatment should be done in a stationary dental office and that children's oral health needs are best served when there is continuity of care in a local dental office or clinic.

Service Providers/Agencies: Indiana University School of Dentistry

Client Intake:

Client Eligibility Requirement:

Children's Special Health Care Services (CSHCS)

Purpose: To provide children with supplemental financial assistance for needed treatment related to serious and chronic medical conditions in order to reduce complications and promote maximum quality of life.

Target Population: Children under the age of 21 with severe chronic medical conditions expected to last at least two years.

Overview -

Indiana Code Cites:
- IC 16-35-2
- IC 16-35-3
- IC 16-35-4
- IC 16-35-5
- IC 4-23-26-2

Administrative Code Cites:
- 410 IAC 3.2

Account Numbers:
- 1000/105140
- 2070/140000
- 3620/141600

Administrative Division:
- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:
- Advisory Committee for Maternal and Children's Special Health Care Services

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated****	
2003	16,839,142	4,415,326	6,948,119	5,475,697	--
2004	14,282,484	3,621,236	6,948,119	3,713,129	--
2005	15,446,663	4,448,852	5,848,119	5,149,692	--
2006	15,339,419	4,339,855	5,848,119	5,151,445	--
2007^	13,164,635	3,626,508	5,402,143	4,135,984	--

^ Appropriation
* Title V - MCH Block Grant
** Children's Special Health Care Needs State Fund

Funding Details: The Children's Special Health Care Services (CSHCS) program has three funding streams: An appropriation from the General Assembly, a property tax levy, and federal grant funds.

The Children with Special Health Care Needs property tax levy is assessed on county property tax payers and subsequently transferred to the state Children with Special Health Care Needs Fund for the use of the program.

Finally, 30% of the Maternal and Child Health (MCH) Block Grant Funds is required by the federal government to be allocated to services for children with special health care needs. The MCH Block Grant was $11.8 M for FY .

Number of Clients Served -

Snapshot :
- 5,690 on June 30, 2006

Unduplicated for Year:
- 9,127 for FY 2006

Description

Federal History/Requirements: 42 U.S.C. 701 et. seq. of the Social Security Act provides funding: (1) to provide rehabilitation services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI, to the extent that medical assistance for such services is not provided under the Medicaid program; (2) to provide and promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs; and (3) to facilitate the development of community-based systems of care for such children and their families. Care coordination services means services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs. Thirty percent of the federal MCH Block Grant is required to be allocated to programs and activities supporting CSHCS programs.

State History/Requirements: The program began in 1911 as the Crippled Children's program with 12 beds reserved for children with special needs. The focus of the program has remained on children while the funding sources, administrative agencies, name, and delivery of services have changed. The program has evolved from an inpatient focus, covering a few diagnoses, to providing mainly outpatient coverage for 24 major classifications of conditions. The ISDH is required by statute to extend and improve services for locating children with special health care needs under the age of 21 years and for providing medical, surgical, corrective, and other services and care. The Department is further required to assure infrastructure is available for diagnosis, hospitalization, and aftercare for children who are suffering from conditions that lead to special health care needs.

The Department is charged with complying with the regulations and requirements of the U.S. Department of Health and Human Services under the federal Social Security Act. The ISDH is required to promulgate rules to determine medical and financial eligibility, to certify providers of services, and to determine the scope and duration of services that will be reimbursed under the program. The program is required by law to provide services to persons diagnosed with cystic fibrosis without regard to age. The statute further specifies that individuals under the age of 21 with autism are included in the definition of medical eligibility. Reimbursement for services provided within the CSHCS is required to be the same amounts reimbursed within the Medicaid program.

Program Services: The CSHCS program does not provide services directly. Rather, the staff is responsible for the administration and payment of provider claims for services. Program staff determines financial and medical eligibility, maintains a network of eligible providers who accept reimbursement for services under the program, authorizes services to be provided, ensures that all eligible children have a primary care provider, and processes provider claims for reimbursement.

Service Providers/Agencies: Licensed, registered, or certified health care professionals, hospitals, pharmacies, licensed home health agencies, and certified durable medical equipment providers.

Client Intake: Applications for the program may be taken at FSSA county office locations, by First Steps program intake coordinators, at Riley Hospital for Children, or directly by the program staff. Applicants are required to apply for Medicaid before they are considered for the CSHCS program. The local offices of the FSSA and First Steps single-point-of-entry personnel may collect and verify information for the financial eligibility requirements, but the CSHCS program is responsible for the final eligibility determination, including the medical eligibility requirements. Financial and medical eligibility is reevaluated no less frequently than every 12 months and when the family reports changes in income, insurance status, or medical condition. Children enrolled in the program prior to January 1, 1993, are eligible under prior rules and may not be removed from the program solely due to current financial or medical eligibility requirements.

Client Eligibility Requirement: Participants must be Indiana residents, under 21 years of age, and meet medical and financial eligibility parameters. To be financially eligible, the family income before taxes may not exceed 250% of the federal poverty level. Medical eligibility standards require a severe chronic condition that is expected to last at least two years, that will produce disability or disfigurement or limits on function, will require a special diet or devices, or would produce a chronic disabling physical condition if untreated. Participants' families must also apply for Medicaid. Individuals with cystic fibrosis have lifetime coverage under the program**.**

Indiana RESPECT

Purpose: To provide grants to community groups, fund statewide media campaigns, and provide technical assistance and training professionals to reduce teen pregnancy with programs that stress sexual abstinence and delaying pregnancy and parenting.

Target Population: Teenagers and their families.

Overview -

Indiana Code Cites:

- IC 16-41-4-1
- IC 20-34-3-17

Administrative Code Cites:

Account Numbers:

- 1000/108510
- 3610/149600

Administrative Division:

- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	1,337,533	794,816	542,717	--	--
2004	1,685,976	1,158,140	527,836	--	--
2005	1,274,939	754,073	520,866	--	--
2006	1,237,954	728,145	509,809	--	--
2007^	1,308,613	754,073	554,540	--	--

^ Appropriation
* Administration for Children and Families (Department of Health and Human Services)

Funding Details: Federal grants under Section 510 Abstinence Education Program are formula grants to states. Grants are awarded to states based on a statutory formula determined by the proportion of low-income children in a state to the total number of low-income children in all states according to the latest census data. The state is required to match 75% of Section 510 funds.

Per the Adminstration for Children and Families, the source of federal funds for this program, funding will cease on June 30, 2007, pending federal reauthorization.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

- 95,673 for 2006

Description

Federal History/Requirements: The Indiana RESPECT, Reduces Early Sex and Pregnancy by Educating Children and Teens Program, was authorized in 1996 under the Social Security Act of the Personal Responsibility and Work Opportunity Reconciliation Act (Title V, Section 510, 42 USC 710). The program was reassigned in 2004 from the HRSA's Maternal and Child Health Bureau to the Administration for Children and Families' Family and Youth Services Bureau.

The Act provides funds to states for abstinence education and defines abstinence education as follows.

Abstinence education is an educational or motivational program which -

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.
(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children.
(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.
(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity.
(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.
(F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.
(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

State History/Requirements: ISDH provides information stressing the moral aspects of abstinence from sexual activity in any literature that it distributes to school children and young adults concerning available methods for the prevention of acquired immune deficiency syndrome (AIDS).

Program Services: The state provides grants from both federal and state funds to community programs. The ISDH provides technical assistance to grant applicants in training sessions held during the grant cycle. The ISDH also provides education materials and broadcast-quality copies of media materials to community groups.

Service Providers/Agencies: Community-based federal and state grantees.

Client Intake: Community-based federal and state grantees

Client Eligibility Requirement:

Maternal and Child Health Block Grant

Purpose: To continuously improve the health, safety, and well-being of mothers and children by supporting core public health functions including resource development, capacity and systems building, public information and education, technical assistance to communities, and provider training.

Target Population: All mothers and children.

Overview -

Indiana Code Cites:

- IC 6-7-1-30.2
- IC 12-8-1-6
- IC 16-45-3-3
- IC 16-35-1

Administrative Code Cites:

- 410 IAC 3
- 410 IAC 3.2

Account Numbers:

- 1000/129420
- 2070/140000
- 3620/141600

Administrative Division:

- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

- Advisory Committee for Maternal and Children's Special Health Care Services

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local****
			General Fund**	**Dedicated***	
2003	19,273,719	6,953,201	1,659,570	10,661,248	--
2004	20,251,337	7,047,488	1,531,471	10,997,811	674,567
2005	22,262,914	8,707,918	1,797,375	10,999,564	758,057
2006	23,838,650	10,452,059	2,728,876	9,538,127	1,119,588
2007^	25,621,905	11,890,821	5,402,409	7,574,870	753,805

NOTE: Approximately 30% of federal expenditures were allocated to CSHCN.
^ Appropriation
* Title V - MCH Block Grant
** Various state funding streams
*** Children with Special Health Care Needs State Fund
**** Local funding from various sources used for grant match

Funding Details: About 85% of the federal funding of the Maternal and Child Health Block Grant is awarded based on the proportion of children in poverty in the state to the total number of children in poverty in the country. There are discretionary grants including Special Projects of Regional and National Significance and Community Integrated Service Systems, which are awarded on a competitive basis.

At least 30% of federal Title V funds must be used for preventive and primary care services for children, and at least 30% must be used for services for Children with Special Health Care Needs (CSHCN) as specified in Section 501 (a)(1)(D).

The 30% requirement may be waived as specified in Section 505(b)(1-2). A request for waiver must be included in the application transmittal letter. In addition, of the amount paid to a state under Section 503 from an allotment for a fiscal year under Section 502(c), not more than 10% may be used for administering the funds paid under this section.

The state must maintain the level of funds being provided solely by such state for MCH programs at the level provided in FFY 1989.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

- Estimated 77,000 individuals served through grantee providers on June 30, 2006

FY 2006 (Unduplicated for Year):

- Estimated 200,000 individuals served through grantee providers for FY 2006

Description

Federal History/Requirements: Federal grants-in-aid for maternal and child health services was established in Title V of the Social Security Act of 1935. In the Omnibus Budget Reconciliation Act (OBRA) of 1981, the Maternal and Child Health Block Grant was established consolidating seven child health programs, including services for children with special needs, supplemental security income for children with disabilities, lead-based paint poisoning prevention, genetic disease programs, sudden infant death syndrome programs, hemophilia treatment centers, and adolescent pregnancy prevention. Subsequently, newborn hearing screening, poison control centers, and community-based abstinence education were added to Title V funding.

The Title V Maternal and Child Health Services Block Grant creates federal and state partnerships to develop service systems that

(1) Significantly reduce infant mortality.
(2) Provide comprehensive care for women before, during, and after pregnancy and childbirth.
(3) Provide preventive and primary care services for infants, children, and adolescents.
(4) Provide comprehensive care for children and adolescents with special health care needs immunize all children.
(5) Reducing adolescent pregnancy; prevent injury and violence.
(6) Put into community practice national standards and guidelines for prenatal care, healthy and safe child care, and for the health supervision of infants, children, and adolescents.
(7) Assure access to care for all mothers and children.
(8) Meet the nutritional and developmental needs of mothers, children, and families.

States must complete an application and submit an annual report to the federal Maternal and Child Health Bureau. The statistics contained in the states' reports are collected in a national database. The states' annual reports include a description of program activities, a complete record of the purposes for which funds were spent, the extent to which the goals and objectives were met, and the extent to which funds were expended consistent with the state's application.

State History/Requirements: State statute appropriates $190,000 in state General Fund dollars for Maternal and Child Health Services to provide pregnancy care in underserved areas and to pay delivery expenses of qualified parents. In the past several years, the actual appropriation has been $176,700. The ISDH has the responsibility to carry out maternal and child welfare, and the ISDH is designated as the single state agency for maternal and child health services.

Program Services: Funding for infant and child health clinics and adolescent school-based health clinics; prenatal care; family planning service; health systems development; family care coordination; genomics programs; family helpline; and data collection and analysis for youth-risk behavior.

Service Providers/Agencies: The MCH program does not provide services directly. Rather, it executes its activities through grant funding to collaborative partners. Currently, MCH has 60 grant agreements in force, of which 46 clinical activities.

Client Intake: Individual clinic sites provide local client enrollment for their clinic services.

Client Eligibility Requirement:

Newborn and Hearing Screening Program and Early Hearing Detection and Intervention

Purpose: To provide early detection of rare genetic disorders of body function that may, if undetected, result in mental retardation, severe illness, or death.

Target Population: Newborn infants.

Overview -

Indiana Code Cites:
- IC 16-41-17
- IC 16-41-6-1
- IC 27-8-24-2

Administrative Code Cites:
- 410 IAC 2-7-10-1
- 410 IAC 3-3

Account Numbers:
- 2170/140000
- 3610/140000
- 3610/103900
- 3610/150600

Administrative Division:
- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:
- Executive Board of the State Department of Health (IC 16-19-2)
- Newborn Screening Task Force

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	77,566	184,177	--	77,566	--
2004	422,911	213,296	--	430,258	--
2005	2,363,512	330,009	--	2,450,864	--
2006	2,103,150	366,853	--	2,185,987	--
2007^	1,322,405	321,000	--	1,416,463	--

^ Appropriation
* Newborn Screening Fund

Funding Details: The program is funded through the collection of a $30 Newborn Screening Fee for each infant tested. The fee is collected by the program-designated screening laboratory and deposited in the dedicated Newborn Screening Fund. The Newborn Screening Fund supports a staff of seven employees responsible for program administration and case follow-up. The program also funds grants to support the centralized clinics that manage the conditions of affected individuals.

A separate laboratory screening fee of $32.50 is collected. This fee was increased to $44.50 in September 2006. Laboratory fees and any hospital fees associated with collection of heel stick samples are separately charged to the patients or their insurance.

Two federal grants are directed towards children with hearing impairment. The Early Hearing Detection and Intervention Grant provides funding for the statewide audiology coordinator and to improve the data integration system for tracking hearing-impaired children within the Newborn Screening Registry. The Universal Newborn Hearing Screening Grant provides funding for regional audiology consultants.

Approximately $2.5 M are collected annually by the Newborn Screening Fund. When the FY 2007 budget was assigned, a number of expenditures had been removed.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- Newborn Screening Program - 89,562 in FY 2006
- Newborn Hearing Screening and Early Hearing Detection and Intervention - 86,443 in FY 2006

Description

Federal History/Requirements: The federal Maternal & Child Health Block Grant best practices reporting requirements include newborn screening results for phenylketonuria (PKU), galactosemia, sickle cell anemia, and congenital hypothyroidism. Other screened conditions are optional reporting items for the annual grant report.

State History/Requirements: Newborn Screening Program - Newborn screening for PKU was mandated in 1965 following the development of a screening test and a system for collection and transportation of blood spots on filter paper in the early 1960s. Hypothyroidism and other inborn errors of metabolism were added to the statute in 1978 to start the list of required screening tests. Additional conditions were added to the list in 1985 by statutory authority. In 1999 the statute was amended to require physiologic screening for hearing impairments. The Department later added two additional conditions, biotinidase deficiency and congenital adrenal hyperplasia, under its rule-making authority. These two conditions were subsequently added to the statutory list in 2001along with disorders or conditions that may be detected by tandem mass spectrometry or technologies that have greater detection capabilities as determined by the Department.

Genetic counseling for parents with affected infants may take place within the centralized treatment clinics at Riley Hospital, at regional sickle cell clinics, or through the statewide referral network that is funded through a federal Genomics grant as appropriate to the family needs.

Newborn Hearing Screening and Early Hearing Detection and Intervention - With certain exceptions, every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing impairments. ISDH has adopted rules that apply to birthing centers, physicians, and hospitals to implement this requirement.

Program Services: Newborn Screening Program - The Newborn Screening Program is a centralized program that ensures all newborns in the state receive mandated screening for designated genetic disorders and physiologic screening for hearing impairment. Infants testing positive for a screened condition are referred for follow-up testing to receive the appropriate diagnosis and, if appropriate, treatment. The Newborn Screening Program provides funding for a centralized program that includes diagnosis, management, and support which may include equipment, supplies, formula, and other materials for individuals affected with a screened disorder. Their parents are referred to genetic counseling that is available in regional clinics throughout the state as appropriate to the condition diagnosed. The program is required by statute to designate the laboratory that performs the newborn screening throughout the state. The Indiana University Newborn Screening Laboratory is the designated lab in Indiana. The program also operates the Newborn Screening Registry, which tracks and follows up the testing and diagnostic results for all newborns. The Newborn Screening Registry operates independently of the related Birth Problems Registry, but does provide data to the broader-based Birth Problems Registry. The program also promotes genetic services, public awareness, and education.

Newborn Hearing Screening and Early Hearing Detection and Intervention - Every infant receives a screening test at the earliest feasible time, usually before they leave the hospital. Babies who are identified with hearing loss or as hard of hearing are referred to the First Steps Program for early intervention services before the baby reaches six months of age. Early intervention services include hearing aids, discussion of surgery, and training for the family and the baby.

Service Providers/Agencies: Public and private hospitals and health care providers.

Client Intake:

Client Eligibility Requirement: All children born in Indiana.

Prenatal Substance Use Prevention Program

Purpose: To prevent birth defects, low birth weight, premature births, and other problems associated with prenatal substance abuse.

Target Population: Pregnant women; public and private sector agencies serving women of childbearing age; and youth and the community at large.

Overview -

Indiana Code Cites:

- IC 12-8-1-6
- IC 16-35-1
- IC 16-45-3-3

Administrative Code Cites:

Account Numbers:

- 3610/145500
- 6330/101200

Administrative Division:

- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

- Prenatal Substance Abuse Commission (takes effect on July 1, 2007)

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	741,343	384,722	356,622	--	--
2004	833,134	540,072	293,062	--	--
2005	839,838	675,940	181,898	--	--
2006	602,450	602,450	120,270	--	--
2007^	679,837	540,337	139,500	--	--

^ Appropriation
* Center for Substance Use Prevention through FSSA and Title V - MCH Block Grant

Funding Details: Allotments to the states are based upon weighted population factors and, for equity purposes, a measure reflecting the differences that exist between the state involved and other states in the cost of providing authorized services.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

- 4,004 for FY 2006

Description

Federal History/Requirements: This program is authorized by the Public Health Service Act, 42 U.S.C. 300x. The grant requires states to expend not less than 5% of the grant to increase (relative to FFY 1994) the availability of treatment services designed for pregnant women and women with dependent children (either by establishing new programs or expanding the capacity of existing programs). States must also expend not less than 5% of the grant to increase (relative to FFY 1993) the availability of such services to pregnant women and women with dependent children.

State History/Requirements: The ISDH has the responsibility to carry out maternal and child welfare, and the ISDH is designated as the single state agency for maternal and child health services. This program is funded in cooperation with the Division of Mental Health and Addiction in the Family and Social Services Administration, the Indiana tobacco prevention cessation agency.

Program Services: The program identifies high-risk chemically dependent pregnant women, provides perinatal addiction prevention education, substance abstinence, and referrals to treatment services and follow-up. It also facilitates training and education for professionals and paraprofessionals to identify high-risk chemically dependent women, and public education on the hazards of alcohol, tobacco, and other drugs to pregnancy.

Service Providers/Agencies: Services - 17 local community providers; Evaluation - Indiana University School of Medicine-Bowen Research Center.

Client Intake: Substance use information obtained on prenatal clients.

Client Eligibility Requirement:

Sickle Cell Program

Purpose: To provide funds for the prevention, care, and treatment of sickle cell anemia and for educational programs concerning the disease.

Target Population: Individuals at risk of or with sickle cell anemia.

Overview -

Indiana Code Cites:
- IC 16-46-7

Administrative Code Cites:

Account Numbers:
- 1000/101650
- 1000/121770

Administrative Division:
- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund**	**Dedicated**	
2003	472,428	--	472,428	--	--
2004	558,518	3,500	555,018	--	--
2005	581,799	3,500	578,299	--	--
2006	583,298	360,611	222,687	--	--
2007^	560,431	111,027	449,404	--	--

^ Appropriation
* Title V - MCH Block Grant
** Sickle Cell

Funding Details: The Sickle Cell Program has been funded by numerous federal and state funds including Title V, Children's Special Health Care Services (CSHCS), state Sickle Cell Fund, state Chronic Disease Fund, and Newborn Screening Fund. In FY 2008, the majority of sickle cell services will be funded through Newborn Screening Fund monies due to decreasing federal monies and frozen state funds.

The Sickle Cell appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 4,458 actual clients in FY 2006

Description

Federal History/Requirements:

State History/Requirements: The ISDH is to establish a grant program to provide funds for the prevention, care, and treatment of sickle cell anemia, and to provide educational programs concerning the disease. Under this program the ISDH develops application criteria and standards of eligibility for groups or organizations and makes available grants to groups and organizations that meet the eligibility standards. The statute requires that the highest priority for grants shall be accorded to established sickle cell anemia foundation chapters.

Program Services: Grants to eligible groups and organizations. These groups and organizations provide counseling, education, newborn screening, and a free penicillin program.

Service Providers/Agencies: Northwest Indiana Sickle Cell Foundation, Inc.; North Central Indiana Sickle Cell Initiative; Martin Center, Inc.; Marion County Department of Health; Neighborhood Health Clinics, Inc.; Indiana Hemophilia and Thrombosis Center, Inc.

Client Intake:

Client Eligibility Requirement:

Sunny Start -- Early Childhood Comprehensive System Program

Purpose: To coordinate programs that affect children in order to avoid duplication and to build infrastructure to serve Indiana children and their families.

Target Population: All Indiana children ages birth through five years of age and their families.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:

- 3610/154600

Administrative Division:

- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local*****
			General Fund	**Dedicated****	
2003	100,000	100,000	--	--	--
2004	100,000	100,000	--	--	--
2005	140,000	140,000	--	--	--
2006	140,000	140,000	--	--	--
2007^	140,000	140,000	--	--	--

^ Appropriation
* HRSA/Maternal and Child Health Bureau

Funding Details: This program has no statutory formula or matching requirements.

Number of Clients Served -

Snapshot :

Unduplicated for Year:

Description

Federal History/Requirements: The HRSA provides funds authorized by the Social Security Act, Title V, Section 502(a)(1), as amended; 42 U.S.C. 702 for research and demonstration grants for activities that advance maternal and child health services. When appropriations exceed $600 M, funding is provided to enhance or develop an integrated services system.

State History/Requirements: The Sunny Start: Healthy Bodies, Healthy Minds program began with a federal grant. During the first two years this grant has allowed Indiana to build collaboration and infrastructure. The mission, vision, values, and strategic implementation plan were created, and the expansion of a website to provide families and early childhood providers with resource and support information has been undertaken.

Program Services: Coordination among existing early childhood programs and services; identification of areas where services are unavailable; training and support to improve child health.

Service Providers/Agencies: Sunny Start Core Partners provide oversight. Membership includes leaders from the Indiana Chapter of the American Academy of Pediatrics, Maternal and Children's Special Healthcare Services, Division of Mental Health and Addiction, Indiana Perinatal Network, FSSA Bureau of Child Development, DOE Division of Exceptional Learners, Healthy Child Care Indiana, IN Institute for Disability and Community, Early Childhood Center, multiple parent representatives, Riley Hospital for Children Developmental Pediatrics, Juvenile Justice Task Force, IN Chamber of Commerce, Indiana Minority Health Coalition, Office of Medicaid Policy and Planning, United Way- Success by Six, Commission on Hispanic/Latino Affairs, Indiana Head Start Association, First Steps, Office of Faith-Based Community Initiatives, Covering Kids and Families Indiana State Project, Dyson Community Pediatrics Initiative, IN Child Care Resource & Referral, Infant and Toddler Mental Health Association, Community and Family Health Services Commission, IN Academy of Family Physicians, Indiana Association for the Education of Young Children, and the National Association of Pediatric Nurse Practitioners.

Client Intake: See ***Service Providers/Agencies***.

Client Eligibility Requirement:

Testing for Drug-Afflicted Babies

Purpose: To identify drug-afflicted newborns in order to facilitate early intervention and to collect information on the incidence of drug abuse during pregnancy.

Target Population: Newborn infants at risk of prenatal substance exposure.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 1000/108630
- 3610/141600

Administrative Division:
- Human Health Services, Maternal & Children's Health & Dental Care Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	59,371	861	58,510	--	--
2004	77,897	19,776	58,121	--	--
2005	98,355	40,214	58,121	--	--
2006	128,400	70,279	58,121	--	--
2007^	101,400	43,279	58,121	--	--

^ Appropriation
* Title V - MCH Block Grant
** Testing for Drug-Afflicted Babies

Funding Details: The Testing for Drug-Afflicted Babies appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Due to the large number of tests performed for infants that meet the specified criteria, federal funds from the Maternal and Child Health Block Grant have supplimented state funds.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 1,597 in FY 2006

Description

Federal History/Requirements:

State History/Requirements: The program was established in the budget bill of 2003, and renewed in budget acts of 2005 and 2007. All newborn infants are tested for the presence of a controlled substance in the infant's meconium if they meet certain criteria established by the ISDH.

Program Services: Hospitals and physicians are required to submit a meconium specimen for every infant born that meets certain specifications.

Service Providers/Agencies: Hospitals and physicians

Client Intake:

Client Eligibility Requirement: The ISDH establishes the criteria for testing based on minimum criteria included in the budget bill. These minimum criteria in the 2007 budget bill include, at birth, the infant's weight is less than 2,500 grams; the infant's head is smaller than the third percentile for the infant's gestational age; and there is no medical explanation for these conditions.

Assistance to Rural Areas

Purpose: To help rural communities build their health care services through public and private partnerships and initiatives in rural health development.

Target Population: Critical Access Hospitals (CAH); small rural hospitals, rural Indiana communities.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/101700
- 3610/103300
- 3610/130700

Administrative Division:
- Human Health Services, Primary Care

Advisory Board/Commission:
- Health and Human Services Commission

Expenditures					
SFY	Total	Federal*	State		Local
			General Fund	Dedicated	
2003	479,861	479,861	--	--	--
2004	793,651	793,651	--	--	--
2005	780,296	780,296	--	--	--
2006	536,764	536,764	--	--	--
2007^	1,433,233	1,433,233	--	--	--

^ Appropriation
* HRSA

Funding Details:

Number of Clients Served -

Snapshot: On June 30, 2006 -
- 27 CAH in 26 counties received Small Rural Hospital Improvement Grants
- Rural health providers received education via Indiana Rural Health Association
- 36 CAH received benchmarking technical assistance and individual reports via Indiana Rural Health Association
- 5 CAH began collecting data for the "Get with the Guidelines" American Heart Associaitoni Heart Failure Pilot Program

Unduplicated for Year: For FY 2006 -
- 36 CAH
- 1,100 Indiana Rural Health Association Members
- over 327 store-and-forward telemedicine consults through the Midwest Center for Rural Health's (now Richard G. Lugar Center for Rural Health) Rural Consult Program
- Several hundred attendees to the Indiana Rural Health Conference and Rural Public Policy Forum.

Description

Federal History/Requirements: The State Office of Rural Health (SORH) carries out federal and state mandates in rural medically underserved areas of the state in collaboration with other rural-focused entities. By federal law, the State Office of Rural Health is required to

(1) Collect and disseminate information.
(2) Coordinate rural health resources and activities statewide.
(3) Provide technical assistance that will improve participation in state and federal programs.
(4) Encourage recruitment and retention of health professionals in rural areas.
(5) Participate in strengthening state, local, and federal partnerships.

"Rural" areas are defined by the federal Office of Rural Health Policy to include all of 46 counties and portions of 27 counties in Indiana.

State History/Requirements:

Program Services: Small Rural Hospital Improvement Grant – Grants are provided to small rural hospitals to assist in any or all of the following.

(1) Pay for costs related to implementation of Prospective Payment System.
(2) Comply with provisions of HIPAA.
(3) Reduce medical errors and support quality improvement.

State Rural Hospital Flexibility Program – The grant program is a mechanism for improving and sustaining access to appropriate health care services of high quality in rural Indiana, supporting Health Information Technology in rural areas, helping develop rural health care networks, and strengthening and integrating rural Emergency Medical Services.

Grants to Critical Access Hospitals -- CAH are hospitals that are certified to receive cost-based reimbursement from Medicare. The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures.

Service Providers/Agencies: Entities include, but are not limited to, professional organizations, health practitioners, hospitals, clinics, and all levels of governmental jurisdictions.

Client Intake:

Client Eligibility Requirements: All 35 Indiana designated CAH may apply for grants. CAHs must be outside of a metropolitan area, be located at least 35 miles from any nearby hospital, be a member of a rural health network, provide no more than 25 acute care beds, and limit all acute care inpatient lengths of stay to no more than 96 hours.

Other small rural hospitals, rural-focused organizations, health associations, Emergency Medical Service providers and organizations, etc. can apply for Rural Health Flexibility Program funds as well.

Community Health Centers

Purpose: To promote, protect, and provide for the health of the medically underserved residents of Indiana in their communities.

Target Population: New and currently funded community health centers and federally qualified health centers.

Overview -

Indiana Code Cites:
- IC 4-12-5

Administrative Code Cites:

Account Numbers:
- 6330/100700

Administrative Division:
- Human Health Services, Office of Primary Care

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	13,939,601	--	13,939,601	--	--
2004	13,406,574	--	13,406,574	--	--
2005	11,743,809	--	11,743,809	--	--
2006	11,483,403	--	11,483,403	--	--
2007^	13,662,862	--	13,662,862	--	--

^ Appropriation
* Community Health Centers

Funding Details: Cost sharing or matching funds are not required.

The Community Health Centers appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund beginning in FY 2002.

Number of Clients Served -

Snapshot :
- 42 health centers on June 30, 2006

Unduplicated for Year:
- 42 health centers in FY 2006

Description

Federal History/Requirements:

State History/Requirements: The Indiana Health Care Trust Account was established within the the Tobacco Master Settlement Agreement Fund to, among other things, promote community-based health care, particularly in areas with a high percentage of underserved citizens, including individuals with disabilities, or with a shortage of health care professionals. This grant program aims to increase the number of primary health care services available to the working poor, uninsured, and underinsured people.

Program Services: Program funding through a cost reimbursement system.

Service Providers/Agencies: Community health centers, federally qualified health centers

Client Intake: Health centers serve residents within the geoographic area defined in the state/center grand agreement.

Client Eligibility Requirement: A public or private, nonprofit entity that serves a specifically defined geographic area currently supported by ISDH or identified in the applicant's health plan. The entity must serve all individuals in the area and provide required comprehensive primary and preventive health care services.

Loan Repayment

Purpose: To increase the availability of primary health care in health professional shortage areas by assisting in the repayment of educational loans.

Target Population: Primary care physicians, nurse practitioners, physician assistants, nurse midwives, general practice dentists, and registered clinical dental hygienists who have educational loans and are willing to provide primary health care services in health professional shortage areas at nonprofit sites.

Overview -

Indiana Code Cites:
- IC 16-46-5

Administrative Code Cites:

Account Numbers:
- 3610/133000
- 6330/100700

Administrative Division:
- Human Health Services, Partner Relations

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	208,893	104,326	104,326	--	--
2004	--	--	--	--	--
2005	190,052	95,026	95,026	--	--
2006	174,276	--	--	--	--
2007^	174,276	87,138	87,138	--	--

^ Will not be expended until 2008
* Health Resources and Services Administsration
** Community Health Centers

Funding Details: The federal share of the state program may not exceed 50% of the cost of loan repayment contracts made to eligible providers.

The Community Health Centers appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund beginning in FY 2002.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 34,169 in FY 2006 (includes duplicates)

Description

Federal History/Requirements: The federal government provides loans to states to develop programs similar to the National Health Service Corps Loan Repayment Program. The federal grant program is administered by the HRSA and authorized under the Public Health Services Act, 42 U.S.C. 254 q-1. Federally provided funds may not be used to pay for administrative or management costs of a state loan program.

State History/Requirements: The Indiana Health Care Professional Recruitment and Retention Fund was established by the state to provide loan repayment for student loans incurred by health care professionals to encourage the full-time delivery of health care in shortage areas. This fund has been supplanted with the federal program with the same objectives.

Program Services: Loan repayment up to $35,000 per year for two years.

Service Providers/Agencies:

Client Intake: ISDH

Client Eligibility Requirement: U.S. citizens able to perform the service obligations at an eligible site for two years.

Primary Health Care Associated Services

Purpose: To coordinate statewide the local, state, and federal resources contributing to primary care service delivery and workforce to meet the needs of medically underserved populations through federal assistance to health centers, or the retention, recruitment, and oversight of health professions.

Target Population: General welfare.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/132300
- 6330/100700

Administrative Division:
- Human Health Services, Office of Primary Care

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated****	
2003	251,713	131,713	120,000	--	--
2004	251,713	131,713	120,000	--	--
2005	251,713	131,713	120,000	--	--
2006	192,905	127,905	65,000	--	--
2007^	195,214	130,214	65,000	--	--

^ Appropriation
* HRSA/Primary Care Offices
**Community Health Centers

Funding Details: The Community Health Centers appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund beginning in FY 2002.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The federal government has programs in support of health centers (42 USC 254b) and health professionals through the National Health Services Corps (42 USC 254d). These programs require identification of underserved areas and populations. This federal program provides for the determination of state resources.

State History/Requirements: The ISDH contracts with the Indiana Primary Health Care Association for National Health Service Corps practice site development and professional placement for scholarship, loan repayment, and fellowship support.

Program Services: Collection of information concerning medically underserved areas and populations and promotion of the National Health Services Corporation. The ISDH is the conduit for information to the federal government which final approval over the statistics concerning the underserved area designation.

Service Providers/Agencies: Indiana Primary Health Care Association

Client Intake:

Client Eligibility Requirement:

Rape Prevention and Education

Purpose: To prevent rape and sexual assault through educational interventions.

Target Population: Indiana youth, people on college campuses, and potential victims of sexual assault or rape.

Overview -
Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/153300

Administrative Division:
- Human Health Services, Partner Relations

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	883,210	883,210	--	--	--
2004	883,210	883,210	--	--	--
2005	883,210	883,210	--	--	--
2006	868,260	868,260	--	--	--
2007^	837,202	837,202	--	--	--

^ Appropriation
* CDC grants

Funding Details: Formula grant to all states.

Number of Clients Served -
Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The CDC provides Rape Prevention and Education grants under the Injury Prevention and Control/Rape Prevention Act to strengthen sexual violence prevention efforts by supporting increased awareness, education and training, and the operation of hotlines.

State History/Requirements:

Program Services: The ISDH provides funding to Indiana State University and Purdue University for various programs that seek to prevent sexual assault and rape on college campuses and of young people in general. The university programs provide mini-grants for local communities and rape crisis centers, workshops and educational programs, and outreach programs. The ISDH also provides funding for the Indiana Coalition Against Sexual Assault (INCASA) to collect data, survey and evaluate the incidence of rape and attempted rape in Indiana, and conduct media campaigns, training for professionals, and other educational efforts to reduce the incidence of rape.

Service Providers/Agencies: Indiana State University, Purdue University Student Health Center, Purdue University Cooperative Extension Services, communities throughout Indiana, and INCASA.

Client Intake: Indiana State University, Purdue University Student Health Center, Purdue University Cooperative Extension Services, and INCASA.

Client Eligibility Requirements:

Tuberculosis Cooperative Grant

Purpose: To decrease and eliminate tuberculosis incidence through surveillance, case management oversight, public health policy development, public education, and to provide technical assistance and networking for local health departments.

Target Population: Individuals with or suspected of having tuberculosis and their contacts and family.

Overview -

Indiana Code Cites:
- IC 16-41-2-1
- IC 16-41-3-2

Administrative Code Cites:
- 410 IAC 1-2.3-47
- 410 IAC 1-2.3-48
- 410 IAC 1-2.3-106

Account Numbers:
- 3610/140300
- 6330/101000

Administrative Division:
- Human Health Services, TB Control

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	945,931	801,130	144,601	--	--
2004	956,217	764,219	191,998	--	--
2005	932,088	795,553	136,535	--	--
2006	1,173,678	692,880	480,798	--	--
2007^	1,262,956	660,985	601,971	--	--

^ Appropriation
* Centers for Disease Control and Prevention - TB Cooperative Agreement

Funding Details: The federal grant is available for project grants. There are no statutory formula or matching requirements. However, applicants must assume some portion of the project costs, and fiscal information must be provided.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:
- 1,132 clients were provided TB medication in FY 2006.

Description

Federal History/Requirements: Funding is provided to assist state and local health agencies in carrying out tuberculosis control activities through the CDC. The funds may support direct assistance positions and for purchase of equipment, supplies, and services directly related to project activities. The funds may not be used to supplant state or local funds for tuberculosis control or to support construction costs or inpatient care.

State History/Requirements: ISDH is to tabulate all case reports of tuberculosis and other dangerous communicable diseases reported, determine the prevalence and distribution of disease in Indiana, and devise methods for restricting and controlling disease. ISDH rules make investigation and case management the responsibility of the local health department.

Program Services: Maintenance, analysis, and reporting of surveillance data; TB lab services; consultation with local health departments; monitoring and evaluation of local tuberculosis programs; oversight of case management; contact investigation and outbreaks; contracting for directly observed therapy programs; provision of medications for local health department clients; and education for community groups and health care professionals.

Service Providers/Agencies: Local health departments;

Client Intake: Local health departments.

Client Eligibility Requirement:

Tuberculosis Hospital Aid

Purpose: To reimburse hospitals that treat or care for patients who have tuberculosis and have no other source of payment.

Target Population: Hospitals and counties.

Overview -

Indiana Code Cites:
- IC 16-21-7
- IC 16-41-9-13

Administrative Code Cites:

Account Numbers:
- 1000/211600
- 6330/101000

Administrative Division:
- Human Health Services, TB Control

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	24,448	--	24,448	24,448	--
2004	76,029	--	76,029	76,029	--
2005	30,946	--	30,946	30,946	--
2006	58,785	--	58,785	58,785	--
2007^	70,762	--	70,762	70,762	--

^ Appropriation
* Aid to County Tuberculosis Hospitals

Funding Details: The Aid to County Tuberculosis Hospitals appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:
- 1 on June 30, 2007

Unduplicated for Year:
1 for FY 2006

Description

Federal History/Requirements:

State History/Requirements: The state reimburses hospitals that treat or care for patients with tuberculosis if the patient has no other source of payment. Also, the court imposes restrictions on a person with certain communicable or dangerous communicable diseases. With certain exceptions, the costs for care ordered by the court and incurred by a county are reimbursed to the extent that money is appropriated for this purpose.

Program Services: Cost reimbursement.

Service Providers/Agencies:

Client Intake:

Client Eligibility Requirement:

Black and Minority Health Fair

Purpose: To increase minority awareness of chronic diseases and how to prevent them by providing health screening and collecting data concerning the health of Indiana Black Expo attendees.

Target Population: Minorities.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 1000/104000
- 6000/140100
- 6000/140090

Administrative Division:
- Office of Minority Health

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	130,494	--	83,644	46,851	--
2004	97,832	--	64,298	33,534	--
2005	142,187	--	99,390	42,796	--
2006	178,744	--	97,249	81,495	--
2007^	192,060	--	98,551	93,510	--

^ Appropriation
* Donations and conference fees

Funding Details: Funds are provided both from the state General Fund and through sponsorships coordinated by the Office of Minority Health.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: In 1985, a health fair at the Indiana Black Expo Summer Celebration offered health screenings and health education. Sponsorship of a Health Fair Stage to promote health care and highlight certain critical issues was added the following year.

Program Services: During Indiana Black Expo, the following are provided: health education through sponsored entertainment events; health-screening opportunities; and data collection concerning the health of Indiana Black Expo attendees.

Service Providers/Agencies:

Client Intake:

Client Eligibility Requirement:

Minority Epidemiology

Purpose: To conduct research and provide health data concerning minority populations in Indiana.

Target Population: Minorities.

Overview -

Indiana Code Cites:
- IC 16-46-11

Administrative Code Cites:

Account Numbers:
- 6330/101400

Administrative Division:
- Office of Minority Health

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	--	--	--	--	--
2004	500,000	--	500,000	--	--
2005	500,000	--	500,000	--	--
2006	465,000	--	465,000	--	--
2007^	750,000	--	750,000	--	--

^ Appropriation
* Minority Epidemiology

Funding Details: The Minority Epidemiology appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: The ISDH is to partner with the Indiana Minority Health Coalition, Inc. (IMHC) to provide through the State Health Data Center minority health research and resource information. The information includes research within minority populations; a resource database that can be disseminated to local organizations interested in minority health; racial and ethnic-specific databases including morbidity, diagnostic groups, social/economic, education, and population data; and attitude, knowledge, and belief information.

Program Services: The IMHC's Racial and Ethnic Minority Epidemiology Center collects and disseminates information to influence policy and provide direction for the enhancement of health activities targeting Indiana's various racial and ethnic minority populations. The Center provides research services to any individual or agency that requests services and enters into agreement with IMHC for services.

Service Providers/Agencies: IMHC

Client Intake: Racial and Ethnic Minority Epidemiology Center

Client Eligibility Requirement:

Minority Health Initiatives

Purpose: To eliminate disparities for minorities related to preventable health conditions through community-based health promotion and disease awareness activities.

Target Population: Minorities.

Overview -

Indiana Code Cites:

- IC 16-4-6
- IC 16-46-11

Administrative Code Cites:

Account Numbers:

- 1000/104180

Administrative Division:

- Office of Minority Health

Advisory Board/Commission:

- Interagency Council on Black and Minority Health
- Minority Health Advisory Council

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	2,070,604	--	2,070,604	--	--
2004	2,092,500	--	2,092,500	--	--
2005	2,092,500	--	2,092,500	--	--
2006	1,944,838	--	1,944,838	--	--
2007^	1,944,838	--	1,944,838	--	--

^ Appropriation
* Minority Health Initiative

Funding Details: The Minority Health Intiatives appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot :

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: The ISDH works in partnership with the Indiana Minority Health Coalition, Inc. (IMHC) to implement a comprehensive health plan developed by the Interagency State Council on Black and Minority Health. Among the other requirements of the partnership are expansion, development, and implementation of community-based structures that address health disparities of the minority populations in Indiana and to monitor minority health progress. The partnership funds local programs and provides resources for local planning. Also, among the responsibilities is to address the development and retention of minority health care professionals.

Program Services: The ISDH provides a grant to the IMHC to develop and implement programs and activities at the community level across the state. The ISDH also monitors the progress and oversees the activities and programs implemented.

Service Providers/Agencies: Indiana Minority Health Coalition, Inc.

Client Intake:

Client Eligibility Requirement:

PROMISE Project

Purpose: To improve support of community programs, create networks, and improve communications between units of government. Also, to use local youth health champions to promote health education in their own neighborhoods and to recruit minorities into health careers.

Target Population: Minorities.

Overview -

Indiana Code Cites:

- IC 16-4-6
- IC 16-46-11

Administrative Code Cites:

Account Numbers:

- 3610/133500

Administrative Division:

- Office of Minority Health

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	--	--	--	--	--
2004	--	--	--	--	--
2005	--	--	--	--	--
2006	129,009	129,009	--	--	--
2007^	151,627	151,267	--	--	--

^ Appropriation
* Office of Minotiry Health State Partnership Grant

Funding Details: This federal grant has no formula for distribution of funds or matching requirement.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: In 2005, ISDH received a grant from the Office of Minority Health in the U.S. Department of Health and Human Services and authorized under 42 USC 300u, et seq. At this time the grant was aimed at improving state and territory minority health and eliminating health disparities.

State History/Requirements: ISDH, in partnership with the Indiana Minority Health Coalition, Inc., implements a comprehensive health plan developed by the Interagency State Council on Black and Minority Health. Among the other requirements of the partnership is expansion, development, and implementation of community-based structures that address health disparities of the minority populations in Indiana and to monitor minority health progress. The partnership funds local programs and provides resources for local planning. Also among the responsibilities is addressing the development and retention of minority health care professionals.

Program Services: The Partners Recruiting for Minority Student Education (PROMISE) Project is a three-tier program that introduces 9th graders to health careers, recruits from those 9th graders students interested in health career outreach programs, and that culminates in a final project concerning INShape Indiana. Related programs include:

INside Out Indiana - A program for ninth graders participating in the PROMISE Project to write, produce, and direct a one-minute INShape Indiana television commercial.

PerfectFit - Part of INside Out Indiana, the program allows students who have participated in the PROMISE Project to find unique and creative ways of promoting community awareness of one of the INShape Indiana focus areas.

Also, the PROMISE Project collects information from college students to find out why minorities do not either enroll or finish health career education programs.

Service Providers/Agencies:

Client Intake:

Client Eligibility Requirement:

Women's Health

Purpose: To improve the health status of women in Indiana through assessment of health needs, education, and coordination of programs.

Target Population: Women

Overview -

Indiana Code Cites:
- IC 16-19-13

Administrative Code Cites:

Account Numbers:
- 1000/100970

Administrative Division:
- Office of Women's Health

Advisory Board/Commission:
- Advisory Committee on Women's Health (IC 16-19-13-5)

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund*	**Dedicated**	
2003	144,778	--	144,778	--	--
2004	137,190	--	137,190	--	--
2005	154,672	--	154,672	--	--
2006	111,189	--	111,189	--	--
2007^	154,599	--	154,599	--	--

^ Appropriation
* Office of Women's Health

Funding Details:

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: In 1998, the Governor established the Office of Women's Health at ISDH, and it was enacted into state statute in 1999. The Office supports programs offered by other agencies, education programs on health issues affecting women, and it initiated Indiana Female Leaders Unite (INFluence) to address important public health issues.

Program Services: Referrals and education on women's health issues.

Service Providers/Agencies: Office of Minority Health, Indiana Commission on Women, Indiana Tobacco Prevention and Cessation, INShape Indiana, Office of the First Lady, Indiana University Center for Excellence in Women's Health, and other community partners.

Client Intake:

Client Eligibility Requirements:

Indiana Soldiers' and Sailors' Home

Purpose: To provide care and education in a residential setting for eligible youth.

Target Population: Indiana children between the ages of 3 and 18.

Overview -

Indiana Code Cites:
- IC 16-33-4-1

Administrative Code Cites:
- 410 IAC 19-1

Account Numbers:
- 1000/105800
- 6000/105700
- 6000/100100
- 6000/126000
- 6000/126100

Administrative Division:
- Operational Services, Office of Special Institutions

Advisory Board/Commission:
- Indiana Soldiers' and Sailors' Home Advisory Committee (IC 16-19-6-9)

Expenditures

SFY	Total	Federal*	State		Local
			General Fund	Dedicated**	
2003	10,120,608	127,333	9,833,916	159,359	--
2004	11,072,887	193,837	10,729,921	149,129	--
2005	11,421,058	--	10,739,235	681,823	--
2006	10,578,429	145,384	10,074,240	358,805	--
2007^	11,267,552	196,732	10,940,737	130,083	--

^ Appropriation
* Title I Elementary and Secondary Education Act
** Vocational education reimbursement, Elementary and Secondary Education Act Speech/Hearing/Language, Disadvantage Handicap Progam

Funding Details:

Number of Clients Served -

Snapshot:
- 148 on June 30, 2006

Unduplicated for Year:
- 206 in FY 2006

Description

Federal History/Requirements:

State History/Requirements: The Indiana Soldiers' and Sailors' Home originated in 1865 as the Soldiers' and Seamen's Home, a home for Civil War veterans. The Home was initially recommended to the state for establishment by an Indiana philanthropist, George Merritt. Mr. Merritt recommended attaching a children's home to the proposed Soldiers' and Seamen's Home. The state, however, did not fund a children's home at the time. Subsequently, Mr. Merritt established the Soldiers' Orphan's Home privately in Indianapolis which provided care, education, and maintenance to orphans and destitute children of Civil War veterans. In 1866, Mr. Merritt moved the Soldiers' Orphan's Home to Knightstown across the street from the Soldiers' and Seamens' Home. The state assumed control of the Soldier's Orphan's Home in 1867, renaming the Soldiers' Orphan's Home as the Soldiers' and Sailors' Orphanage. The Soldiers' and Seamens' Home was destroyed in 1871 by fire leaving the orphanage as the only home located on the property.

During the 1890s, the Home began providing services to all destitute children of servicemen who served on active duty in any authorized military campaign or declared emergency of the Unites States. Veterans' children from all subsequent wars have been eligible for admission.

The Home received its current name, the Indiana Soldiers' and Sailors' Home, in 1929.

The Home is under the jurisdiction of the ISDH and is considered one of the "Special Institutions." Ultimately, the State Health Commissioner has administrative control and responsibility for the Home.

Program Services: The Home is a residential and educational school and home which provides specialized care and support services to eligible children in Indiana. Services include education, including vocational courses; counseling, psychological care, and health care; and social and recreational opportunities for students. The school offers a public school curriculum for Grades K-12 with school clubs and sports teams similar to those offered at public schools. The school emphasizes vocational training. Children are expected to learn a trade and usually receive certification in their trade upon graduation.

Service Providers/Agencies: Indiana Soldiers' and Sailors' Home.

Client Intake: Indiana Soldiers' and Sailors' Home.

Client Eligibility Requirement: Preference is required to be given to the admission of children of members of the armed forces and children of families of veterans who meet admission criteria.

Children must meet the following requirements to be eligible for admission to the Home: (1) the parent or parents of the child are Indiana residents immediately before application or the child is physically present in Indiana immediately before application; (2) the child is at least 3 but less than 18 years of age; and (3) the child is in need of residential care and education.

If the applications of all children of members of the armed forces have been considered and space is available, the Superintendent of the Home may, if a child meets all other requirements, receive as residents in the Home the grandchildren, stepchildren, brothers, sisters, nephews, and nieces of members of the armed forces who are in need of residential care and education.

If the applications of all children eligible for residence described above have been considered and if space is available, the Superintendent may accept for residence children referred by the Department of Child Services or the Division of Special Education.

A child who requires residential placement in a secure facility, a juvenile detention facility, or a detention center for the safety of the child or others may not be placed at the home.

Indiana Veterans' Home

Purpose: To provide care for Indiana's eligible wartime veterans, spouses, and surviving spouses.

Target Population: Wartime veterans, spouses, and surviving spouses.

Overview -

Indiana Code Cites:
- IC 10-17-9

Administrative Code Cites:
- 410 IAC 19-1

Account Numbers:
- 1000/105700
- 6000/157000

Administrative Division:
- Operational Services, Office of Special Institutions

Advisory Board/Commission:
- Indiana Veterans' Home Advisory Committee (IC 16-19-6-9)

Expenditures

SFY	Total	Federal*	State		Local
			General Fund	Dedicated**	
2003	20,471,581	--	11,673,025	8,798,556	--
2004	21,594,596	--	12,698,708	8,895,888	--
2005	26,761,986	--	12,845,429	13,916,557	--
2006	23,649,419	--	11,952,933	11,696,486	--
2007^	29,998,048	518,966	12,542,859	16,936,223	--

^ Appropriation
* Medicare Part B, Medicaid
**VA per diem, Resident contributions

Funding Details: The Veterans Benefits Administration provides substantial grant funding and hospital services for the Home. The Home reports that 50% of its funding is appropriated from the state General Fund, 25% from the Veterans Administration, and 25% from residents.

The Home was certified for Medicaid participation as of June 2006.

Number of Clients Served -

Snapshot:
- 270 on June 30, 2006

Unduplicated for Year:
- 353 in FY 2006

Description

Federal History/Requirements:

State History/Requirements: Located in West Lafayette, the Indiana Veterans' Home was established in February 1896 as the "Indiana State Soldiers' Home" to care for disabled or destitute honorably discharged veterans who have wartime services. The Home was renamed the Indiana Veterans' Home in 1976.

In 1923, the General Assembly authorized counties to appropriate local money for building cottages at the site near Lafayette to care for disabled and destitute veterans. In 1957, a legislative commission, created to study the Home's facilities, found that 75% of the 95 frame cottages were too old, unsafe, or expensive to maintain. The commission recommended a long-term building project to be funded by federal funds and a portion of the Veterans' Home Comfort and Welfare Fund into which resident fees are deposited. The building program, which began in the early 1960s, resulted in an 800-bed facility by 1986. However, as of June 2007, only 455 beds were licensed by the ISDH. An additional 80 unlicensed independent living/residential services beds exist in the facility.

The Home is under the jurisdiction of the ISDH. The Superintendent of the Home is accountable to the State Health Commissioner.

Program Services: The Home is a licensed long-term care facility. Residents of the Home are classified into one of three groups - independent living/residential services, residential (assisted) care, and comprehensive health care - depending on their medical needs and ability to care for themselves. The Home provides total care for residents. Medical care is provided through several sources, including staff doctors, nurses, therapists, dentists, and pharmacists as well as the U.S. Veterans' Administration Hospital system and local private providers (area doctors, hospitals, and clinics). The Home also provides many ancillary services on-site, such as hair care, postal services, and laundry.

Service Providers/Agencies: Indiana Veterans' Home.

Client Intake: Indiana Veterans' Home; individuals may also be referred to the Home for application by county veterans service officers.

Client Eligibility Requirement: Honorably discharged veterans who are disabled or destitute and who have served at least 90 days with at least one day of wartime service during any authorized military campaigns of the United States are eligible for admission. In addition, the spouses and surviving spouses of eligible veterans, if married for 5 years, may be admitted.

Current statute requires the veteran be a resident of Indiana for at least three years immediately preceding application for admission. However, the Home currently allows a waiver which allows a veteran to have only resided in Indiana for one year prior to application when compelling medical or financial needs exist. All applications and waiver requests must be approved by the ISDH.

Anatomical Gift Promotion Fund

Purpose: To implement an organ, tissue, and marrow registry and to promote organ, tissue, and marrow donations.

Target Population: Nonspecific.

Overview -

Indiana Code Cites:
- IC 16-19-3-26

Administrative Code Cites:

Account Numbers:
- 6000/144800

Administrative Division:
- Operational Services, Finance

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal**	**State**		**Local**
			General Fund	**Dedicated***	
2003	175,626	--	--	175,626	--
2004	70,281	--	--	70,281	--
2005	627,862	--	--	627,862	--
2006	181,528	--	--	181,528	--
2007^	40,722	--	--	40,722	--

^ Appropriation - Fee generated
*Anatomical Gift Desiganation Fund

Funding Details: The Anatomical Gift Promotion Fund is maintained via donations of no less than $1 by individuals who register their vehicles with the Bureau of Motor Vehicles.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: In 1997, the Bureau of Motor Vehicles (BMV) began collecting funds for anatomical gifts that were then distributed directly to the ISDH less any administrative costs of the BMV. The Anatomical Gift Promotion Fund was established in 2000 from the funds collected by BMV for anatomical gifts. The Fund is administered by the ISDH. Money in the fund is distributed quarterly to the Indiana Donation Alliance Foundation, a consortium of organ and tissue services. Amendments have directed money from the Fund to other donation projects, including an anatomical gift registry by the State Police.

Program Services: Fund anatomical gift projects.

Service Providers/Agencies: Indiana Donation Alliance Foundation

Client Intake: Donations are made at BMV or through online registration.

Client Eligibility Requirement:

Death, Birth and Heirloom Birth Certificates

Purpose: Death & Birth Certificates - To provide inspection of and or certified copies of birth and or death certificates upon request. The program also registers birth and death certificates submitted to the Department from local health departments and makes corrections on the certificates.

Heirloom Birth Certificates - To design, promote, and sell heirloom birth certificates.

Target Population: Nonspecific.

Overview -

Indiana Code Cites:
- IC 16-37-1
- IC 16-37-1-11.7

Administrative Code Cites:
- 410 IAC 18-1

Account Numbers:
- 1000/104000
- 2060/140000
- 6000/108400

Administrative Division:
- Operational Services, Vital Records

Advisory Board/Commission:
- Death Registration System Advisory Committee (Death Certificates)

Expenditures

SFY	Total	Federal*	State		Local
			General Fund	Dedicated**	
2003	1,672,233	749,966	745,834	176,433	--
2004	1,577,497	1,572,787	824,823	179,887	--
2005	2,086,752	1,058,939	870,792	157,021	--
2006	2,115,448	1,040,176	815,363	259,909	--
2007^	2,606,355	1,570,827	805,056	230,473	--

^ Appropriation
* SSA, HRSA, Homeland Security
** Adoption Medical History Fund

NOTE: Expenditures represent the Vital Records Division as a whole and are not specific to this program.

Funding Details: Birth Certificates - Each search for a record requires a nonrefundable fee payment of $10 ($2 of which is deposited in the Birth Problems Registry Fund). Included in one search is a five-year period: the reported year of birth and, if the record is not found in that year, the two years before and after. One certified copy of the record or a no-record statement is included in the search fee. Additional copies of the same record purchased at the same time are $4 each. Amendments made to the record are an additional $8.

Death Certificates - Each search for a record requires a nonrefundable fee payment of $8. Included in one search is a five-year period: the reported year of death and, if the record is not found in that year, the two years before and after. For records prior to 1917, the search covers a five-year period and only one county. One certified copy of the record or a no-record statement is included in the search fee. Additional copies of the same record purchased at the same time are $4 each. Amendments made to the record are an additional $8.

Heirloom Birth Certificates - Seven dollars of the $30 fee charged for an heirloom birth certificate is retained by the Department to offset costs. The remaining $23 is deposited in the Infant Mortality Account.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: Death & Birth Certificates - Birth records in the ISDH Vital Records office begin with October 1907; death records begin with 1900.

Heirloom Birth Certificates: In 1997, the ISDH was required to design, promote, and sell heirloom birth certificates. The language required a $30 fee be charged, of which $7 is retained by the Department to offset the cost of the certificate. The remaining $23 is deposited in the Infant Mortality Account.

Program Services: Death & Birth Certificates - The ISDH allows inspection of and/or a certified copy of a birth and or death certificate; makes corrections to birth and death certificates; and registers new birth and death certificates submitted by local health departments.

Heirloom Birth Certificates - The ISDH provides an heirloom birth certificate for a fee of $30. The birth certificate includes the same information as a standard birth certificate; is specifically designed for framing and display; and contains a background design, an emblem, or colors that designate the birth certificate as an heirloom birth certificate.

Service Providers/Agencies: Death & Birth Certificates - ISDH, Office of Vital Records. Note: Certificates may also be obtained through the local health department.

Heirloom Birth Certificates - ISDH, Office of Vital Records.

Client Intake: ISDH, Vital Records.

Client Eligibility Requirement: Death & Birth Certificates: Current law states that the ISDH may permit inspection of a birth and or death certificate or issue a certified copy of a birth and or death certificate or part of a certificate if the applicant has a direct interest in the matter recorded and the information is necessary for determination of personal or property rights or for compliance with state or federal law. A direct interest is defined as a documented personal financial or legal interest in the record, or immediate kinship (parent, grandparent, or adult sibling) to the person named on the record.

Putative Father Registry; Adoption Medical History Program; Adoption History Program

Purpose: Putative Father Registry - To determine the identity and location of a putative father in order to provide notice of adoption to said individual.

Adoption Medical History Program - To maintain a central repository for the storage and release of medical information to adoptees and adoptive parents.

Adoption History Program - To allow adoptees, adoptive parents, birth parents, pre-adoptive siblings, relatives of deceased adult adoptees, and relatives of deceased birth parents to access identifying and non-identifying information when eligible.

Target Population: Putative Father Registry - Putative fathers.

Adoption Medical History Program - Adoptees, adoptive parents, and birth parents.

Adoption History Program - Adult adoptees, birth parents, adoptive parents, pre-adoptive siblings, and spouses and relatives of a deceased birth parent or adoptee.

Overview -

Indiana Code Cites:
- IC 31-19-5
- IC 31-19-18

Administrative Code Cites:

Account Numbers:
- 1000/104000
- 2060/140010

Administrative Division:
- Operational Services, Vital Records

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local*****
			General Fund	**Dedicated****	
2003	1,672,233	749,966	745,834	176,433	--
2004	1,577,497	572,787	824,823	179,887	--
2005	2,086,752	1,058,939	870,792	157,021	--
2006	2,115,448	1,040,176	815,363	259,909	--
2007^	2,606,355	1,570,827	805,056	230,472	--

^ Appropriation
* SSA, HRSA, Homeland Security
** Adoption Medical History Fund

NOTE: Expenditures represent the Vital Records Division as a whole and are not specific to this program.

Funding Details: Putative Father Registry - Under current law, the Putative Father Registry must be checked prior to an adoption hearing. The fee to do so is $50. Revenue from the fee is deposited into the Adoption History Fund.

Adoption Medical History Program - The fee to search the Adoption Medical History repository is $25. Revenue from the fee is deposited into the Adoption History Fund.

Adoption History Program - The fee to access adoption history information is $20. Revenue from the fee is deposited into the Adoption History Fund.

The Adoption History Fund is used for the purpose of administering the Adoption Medical History and Adoption History programs. The Fund is used for automation of dealth certficiates and for improved service delivery per state law.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: Putative Father Registry - In 1994, the Putative Father Registry was established. The law was subsequently amended in 1997 adding language which allows the ISDH to waive the Putative Father Registry fee for a petitioner who is seeking to adopt a person who is at least 18 years of age or a child in need of services and is a ward of the Department of Child Services. The Putative Father Registry law was again amended in 2007 modifying the period of time a putative father has to register to be entitled to notice of an adoption.

Adoption Medical History Program - In 1985, an Adoption Medical History Program was established allowing any person to voluntarily transmit medical information for inclusion in an adoption medical history file. The language also: (1) required the ISDH to store all information received in a manner that makes the information readily available, (2) required a medical report of the health status and medical history of an adoptee and the adoptee's birth parents to be filed within 60 days of filing a petition for adoption (subsequently the report is forwarded to the Adoption Medical History Program repository), and (3) created the Adoption History Fund.

Adoption History Program - The Adoption History Program was established in 1988 to allow for identifying information to be released to adoptees, adoptive parents, birth parents, pre-adoption siblings, relatives of deceased adult adoptees, and relatives of deceased birth parents. The program was later expanded in 1993 to conduct searches for medical information and to allow non-identifying information to be released.

Program Services: Putative Father Registry - The ISDH is responsible for maintaining the Putative Father Registry. The Registry has two functions: (1) putative fathers may register with the Registry; (2) an attorney or agency that arranges an adoption or that may arrange an adoption may at any time request that the ISDH search the registry to determine whether a putative father is registered in relation to a mother whose child is or may be the subject of an adoption.

Adoption Medical History Program - The ISDH is responsible for maintaining a central repository for the storage and release of medical information filed with the repository on comprehensive medical reports and voluntary medical reports. Comprehensive medical reports have been included in all new petitions for adoption since January 1, 1986. Voluntary medical reports may be transmitted for inclusion in an adoption medical history file by any person who wishes to provide medical information to benefit an adopted person. Adoptees and adoptive parents may access information stored in an adoptee's file to obtain medical information relating to the adoptee.

Adoption History Program - The ISDH is responsible for maintaining a central repository for the storage and release of identifying and non-identifying adoption information. Certain persons may transmit identifying information and non-identifying information to the repository for inclusion in an adoption history file. Under certain circumstances, identifying and/or non-identifying information may be released to specific individuals.

Service Providers/Agencies: ISDH, Vital Records.

Client Intake: ISDH, Vital Records.

Client Eligibility Requirement: Putative Father Registry - Putative fathers who register with the ISDH not later than 30 days after the child's birth, or the earlier of the date of the filing of a petition for the: (a) child's adoption, or (b) termination of the parent-child relationship between the child and the child's mother; whichever occurs later.

Adoption Medical History Program - Anyone may submit information to the repository. Accessing information in the repository is limited to adoptees, adoptive parents, and birth parents.

Adoption History Program -

Identifying Information: For adoptions finalized after December 31, adult adoptees (age 21 and over) and a birth parent (if named on the original birth record) must both file a written consent form with the state Adoption History Program for identifying information to be provided. Subsequently, identifying information will be released to said persons from the ISDH,

Family and Social Services Administration (FSSA), Department of Child Services (DCS), county office of DCS, child placement agencies, health care providers, and courts.

For adoptions prior to January 1, 1994, an adult adoptee (age 21 or over) or the adoptive parents of an adoptee who is under age 21 may request information concerning the identity and location of any pre-adoptive siblings of an adoptee by sending a request to the Adoption History Program. Subsequent to the request, the ISDH, FSSA, DCS, county offices of DCS, child placement agencies, health care providers, adoption attorneys, and courts are required to release identifying information unless a birth parent has filed a written non-release form with the state. Adult adoptees and adult pre-adoptive siblings may also request non-identifying information.

Non-Identifying Information: For adoptions finalized after December 31, 1993 , adult adoptees, birth parents, adoptive parents, pre-adoptive siblings, or the spouse or relative of a deceased birth parent or adoptee may request non-identifying information by sending a letter to the ISDH, FSSA, DCS, county divisions of DCS, child placement agencies, health care providers, adoption attorneys, or courts requesting the release of any non-identifying information relative to the adoptee.

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Women, Infants, and Children Program (WIC)

Purpose: To improve the overall health and nutritional status of pregnant, breastfeeding, and postpartum women, and infants and children under the age of 5 years.

Target Population: Low-income pregnant, breastfeeding, and postpartum women, and infants and children under the age of 5 years.

Overview -

Indiana Code Cites:
- IC 3-7-15-2
- IC 6-7-30.2
- IC 16-35-1.5

Administrative Code Cites:
- 410-IAC 3.6-3

Account Numbers:
- 1000/129410
- 3610/142500
- 3610/103340

Administrative Division:
- Operational Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	94,542,146	94,542,146	96,688	--	--
2004	104,837,326	104,718,891	118,435	--	--
2005	107,449,186	107,294,137	115,050	--	--
2006	111,295,160	111,160,256	134,904	--	--
2007^	123,337,130	123,157,074	180,056	--	--

^ Appropriation
* USDA

Funding Details: The funds provided by the U.S. Department of Agriculture, Food and Nutrition Service, are divided into administrative dollars and food benefit funds. Unlike the Food Stamps Program, the ISDH receives federal funding for the purchase of WIC foodstuffs and subsequently reimburses vendors for the WIC checks. In addition, the USDA requires all WIC programs to enter into rebate programs with manufacturers of infant formula. Indiana has implemented an infant formula cost containment rebate contract with Mead Johnson, makers of Enfamil brand infant formula. The Indiana WIC Program requires, with some exceptions, the purchase of only this brand of infant formula and in return receives a rebate for each can of Enfamil purchased with a WIC check. The amount of the rebate is used to purchase foods for additional participants. Approximately one-third of all WIC participants are served as a result of the rebate dollars.

The Farmers' Market Nutrition Program (FMNP) is funded by the USDA. All food products are purchased with 100% federal funds. Administrative expenses are 70% federally funded with a required 30% state match.

The state appropriates $176,000 as supplemental funding for the WIC program. The appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:
- 138,677 on June 30, 2006

Unduplicated for Year:
- 246,659 in FY 2006

Description

Federal History/Requirements: The federal Special Supplemental Nutrition Program for Women, Infants, and Children was authorized by the Child Nutrition Act of 1966. The program is federally funded through the U.S. Department of Agriculture (USDA).

FMNP began in 1992 when P.L.102-314 authorized the operation of the program by the USDA Food and Nutrition Services.

State History/Requirements: The Department has promulgated administrative rules for WIC food vendors. The state WIC office oversees the administration of contracts with service providers and food vendors. State statute also mandates WIC offices to provide assistance with voter registration.

Program Services: The WIC program provides checks for nutritious foods to eligible women and children to pay for milk and cheese, eggs, cereal, juice, dried beans, peas, and peanut butter. Breastfeeding women receive tuna and carrots in addition to the basic food package. Checks are provided on behalf of infants for iron-fortified formula, infant cereal, and juice. Each WIC participant receives an individually prescribed food package based on their nutritional need and specific risk factors. WIC checks are good only for specific foods. Participants cannot get credit or cash for items they do not purchase.

The WIC program also manages the USDA Farmers' Market Nutrition Program. This program allows WIC participants to purchase locally grown, unprocessed, fresh fruits, and vegetables at farmers' markets that have been approved to accept the FMNP checks. Each eligible participant receives six checks with a value of $3 each.

Each WIC participant is also offered at least one nutrition education contact per quarter. Nutrition education is provided in group classes, through one-on-one contacts, and in individual learning modules. The WIC program also provides referrals for appropriate medical and social services.

Service Providers/Agencies: The ISDH contracts with local health departments, hospitals, Community Action Programs, Area Agencies on Aging, and other social service agencies to conduct 160 local WIC clinics located in all 92 counties. The Department also contracts with approximately 700 grocery stores and pharmacies as well as 45 farmers' markets to accept WIC checks for supplemental foods.

Client Intake: WIC clinics

Client Eligibility Requirement: An applicant must be at or below 185% of the federal poverty level. Individuals who already participate in Medicaid, Food Stamps, or TANF will automatically meet the income eligibility standards. An applicant must also be determined to be "at nutritional risk". The specific criteria and parameters that are used to indicate nutritional risk are determined by a health and dietary assessment performed by a health professional at the time of certification.

Participants in the Farmer's Market Nutrition Program must live in a county where a local farmer's market has been approved to accept the FMNP checks. WIC participating women and children over the age of six months are eligible.

Women, Infants, and Children Program (WIC) Peer Counselor Grant

Purpose: To provide breastfeeding peer counselors to several local WIC agencies.

Target Population: Low-income pregnant, breastfeeding, and postpartum women.

Overview -

Indiana Code Cites:
- IC 3-7-15-2

Administrative Code Cites:

Account Numbers:
- 3610/14430

Administrative Division:
- Operational Services

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local*****
			General Fund	**Dedicated****	
2003	--	--	--	--	--
2004	--	--	--	--	--
2005	219,448	219,448	--	--	--
2006	221,444	221,444	--	--	--
2007^	215,972	215,972	--	--	--

^ Appropriation
* USDA

Funding Details: The funds provided are by a formula developed by the U.S. Department of Agriculture, Food and Nutrition Service. No matching funds are required.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The federal Special Supplemental Nutrition Program for Women, Infants, and Children was authorized by the Child Nutrition Act of 1966. The program is federally funded through the U.S. Department of Agriculture (USDA).

State History/Requirements:

Program Services: Peer counselors provide mother-to-motehr breastfeeding support to WIC clients including prenatal outreach, breastfeeding classes, postpartum support, and simple problem solving. Also, referrals to lactation consultants, as necessary.

Service Providers/Agencies: WIC clinics in Marion, Allen, Tippecanoe, and Monroe County.

Client Intake: WIC clinics and hospitals in Marion, Allen, Tippecanoe, and Monroe County.

Client Eligibility Requirement: For WIC eligibility, an applicant must be an Indiana resident, determined by a competent professional to be in need of the special supplemental foods supplied by the program and be at or below 185% of the federal poverty level. Individuals who already participate in Medicaid, Food Stamps, or TANF will automatically meet the income eligibility standard***s.***

Bioterrorism Preparedness and Response

Purpose: To develop emergency-ready public health departments at the state and local level with planning and emergency response in the event of a biological, radiological, or chemical event caused by terrorism, natural disaster, or other public health emergency, such as pandemic influenza.

Target Population: General welfare.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 1000/104000
- 3610/101900
- 3610/103200

Administrative Division:
- Public Health Surveillance and Preparedness

Advisory Board/Commission:

Expenditures					
FFY	Total	Federal	State		Local
			General Fund	Dedicated	
2003	12,554,271	12,491,723	62,548	--	--
2004	24,960,306	24,913,250	47,056	--	--
2005	12,681,152	12,619,932	61,220	--	--
2006	16,585,076	16,543,141	41,935	--	--
2007^	24,058,874	24,085,874	114,459*	--	--

^ Appropriation.
* YTD expenditures, rather than budget

Funding Details: Funds are provided for projects under a single cooperative agreement. The current program has a funding formula which contains a base plus a population formula, but no matching requirements. However, as the Pandemic and All-Hazards Preparedness Act of 2006 is implemented, a state match of 10% will be required.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Funding for this program is through the federal CDC. The federal authorization for this program is included within the Public Health Service Act. Most of the current programmatic details are directly associated with the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. Additionally, program activities are developed and implemented to support emergency support functions identified within the National Response Plan and in congruence with the Department of Homeland Security. Programmatic activities will be changed to match the implementation plan for the Pandemic and All-Hazards Preparedness Act of 2006.

Program funding received is associated with completion of critical tasks identified within 27 target capabilities which are expansions of 14 CDC preparedness goals. These goals directly link to target capabilities identified within the National Response Plan. Critical tasks are often organized either based on the subject matter area or by programs with dedicated funds under the singular cooperative agreement. From August 31, 1999, through August 30, 2005, the cooperative agreement and program activities of the Public Health Preparedness program focus areas included preparedness planning and readiness assessment, strategic national stockpile, surveillance and epidemiology, lab capacity for biological agents and chemical agents, health alert network/communication and information technology, risk communication and health information dissemination, education and training, and early warning infectious disease surveillance.

Once the new project period began, focus areas were eliminated to facilitate a structural change and eliminate "silos" of funding which often create administrative barriers. Also, elimination of focus areas attempts to expend funds that supported multiple cooperative agreement activities. Current funding is now organized into four dedicated streams under the same award, consolidating all of the focus areas into a base award, which consists of a level funding award plus an allocation based on population. The other three funding divisions under the current project period include cities readiness initiative, early warning infectious disease surveillance, and pandemic influenza preparedness.

State History/Requirements:

Program Services: Planning, preparing, preventing, detecting, reporting, investigating, mitigating, recovering, and improving emergency preparedness, at the state and local level.

Service Providers/Agencies: Local health departments; Indiana hospitals; other state agencies; educational institutions; private sector businesses

Program Services: Planning and emergency response coordination.

Service Providers/Agencies: Local health departments; epidemiologists.

Client Intake:

Client Eligibility Requirement:

Health Laboratory

Purpose: To assist in controlling communicable disease, chronic disease and disorders, and other preventable health conditions. The Health Laboratory provides timely and accuarte detetion and reporting of threats to the public health.

Target Population: Public; state and federal agencies, institutions, and programs; municipalities; school districts; and county health departments.

Overview -

Indiana Code Cites:
- IC 16-19-5-1
- IC 16-19-8

Administrative Code Cites:

Account Numbers:
- 1000/104000
- 1000/121600
- 3610/103100
- 3610/103200
- 3610/103300
- 3610/140300
- 3610/141600
- 3610/142300
- 3610/144100
- 3610/144400
- 3610/149900
- 5350/140000

Administrative Division:
- Laboratory

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund**	**Dedicated**	
2003	5,221,376	469,583	4,751,793		
2004	6,281,193	738,305	5,542,888		
2005	6,708,088	1,124,009	5,584,079		
2006	6,492,794	1,091,526	5,401,268		
2007^	6,546,747	1,485,251	5,061,496		

^ Appropriation
*Bioterrorism Hospital Planning, Bioterrorism Preparedness and Response, Childhood Lead Prevention, Tuberculosis, STD Prevention, Immunization Program, AIDS Prevention, AIDS Surveillance, Maternal and Child Health Block Grant
** State AIDS Education in addition to state General Fund

Funding Details: There are no statutory formula or matching requirements for most programs funded under a federal grant for investigations and technical support.

A grant from the CDC provides funds to strengthen state and local disease prevention and control programs through services and program support for epidemiology. Other federal agencies provide funding that supports laboratory staff positions to address specific public health issues. Due to the complexity of tracking these funding sources, not all federal funding may be represented in this program, but may be included in other programs.

The state health laboratory may charge fees for services provided. For water quality testing, private citizens and businesses pay $8 for five analyses of drinking water.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements:

State History/Requirements: The State Health Laboratory is located in Indianapolis by state law. Under the statute, the health laboratory analyzes foods and drugs for the purpose of enforcing the pure food and drug laws; and performs sanitary analyses, pathological examinations, and studies in hygiene and preventive medicine.

Program Services: Specialized testing not provided by private laboratories; testing for state programs including epidemiology, communicable diseases, environmental health, chronic disease, public health nursing and occupational health; training; establishment of state standards, licensure and certification, and evaluation; and research and development of new protocols and programs.

Service Providers/Agencies: The state health laboratory works with other state agencies and agencies in other states; city-county and federal environmental and public health laboratories.

Client Intake:

Client Eligibility Requirement:

Hospital Preparedness Program

Purpose: To enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism, pandemic influenza, and other public health emergencies.

Target Population: All licensed acute care hospitals in Indiana. At present the program does not support participation by psychiatric hospitals.

Overview -

Indiana Code Cites:

Administrative Code Cites:

Account Numbers:
- 3610/103100

Administrative Division:
- Public Health Preparedness & Emergency Response

Advisory Board/Commission:

Expenditures					
FFY	Total	Federal*	State		Local***
			General Fund	Dedicated**	
2003	2,605,343	2,605,343	--	--	--
2004	10,270,919	10,270,919	--	--	--
2005	10,270,929	10,270,929	--	--	--
2006	10,096,622	10,096,622	--	--	--
2007^	9,660,723	9,660,723	--	--	--

^ Appropriation
* HRSA

Funding Details: The current fiscal year is currently still open. ISDH requested and was granted a one-year no-cost extension to August 31, 2007. ISDH projections indicate all funds will be expended by August 31, 2007, leaving a zero balance in the fund.

Funds were formally provided by the HRSA and now come from the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR).

Funds are provided to the state for distribution to hospitals for all hazard/pandemic influenza preparedness projects under cooperative agreements. At present, the program has no matching requirements.

Number of Clients Served -

Snapshot:
- The Hospital Preparedness Program had contracts with 142 hospitals on June 30, 2006.

Unduplicated for Year:

Description

Federal History/Requirements: The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (part of the Public Health Service Act, section 319) established grants to assist states to prepare for and respond to bioterrorism and other emergencies in coordination with national plans. New federal legislation, the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006 transfers the Hospital Preparedness Program toASPR to coordinate the grant and administer the program. The primary focus of the program is to develop, implement, and intensify regional terrorism and pandemic influenza preparedness and plans and protocols for hospitals, outpatient centers, emergency medical services systems, and poison control centers.

State History/Requirements: The cooperative agreement with the federal government requires a Hospital Bioterrorism Preparedness Planning Committee (HBPPC) to advise the program. The committee is set up and functioning on a quarterly basis.

The general obligations of an awardee include, among others things: Establishing systems to triage and initially stabilize the current daily staffed-bed capacity; ensuring participating hospitals have negative pressure isolation; ensure adequate personal protective equipment; establishing a secure and redundant communications system; providing a bed, patient, and inventory tracking system that complies with the Hospital Available Beds for Emergencies and Disasters Systems (HAvBED) federal requirements; establish a volunteer recruitment system that complies with the Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) federal requirements.

Program Services: Provides funds to hospitals and support from agency staff to plan and prepare for all hazard disasters, natural and terrorist, and pandemic influenza disasters.

Service Providers/Agencies: ISDH

Client Intake:

Client Eligibility Requirement:

Indoor and Radiologic Health - Radon Testing and Mitigation Program

Purpose: To provide information about radon and its effects and to certify radon testers and mitigators in the state.

Target Population: Home-owning public and persons seeking radon testing and mitigation services or providing radon testing and mitigation services.

Overview -

Indiana Code Cites:
- IC 16-41-38

Administrative Code Cites:
- 410 IAC 5.1

Account Numbers:
- 1000/104000
- 2420/140000
- 3610/143110

Administrative Division:
- Public Health Surveillence and Preparedness, Public Health Preparedness and Emergency Response

Advisory Board/Commission:
- Radiation Control Advisory Commission (IC 16-41-35-2).

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated****	
2003	50,861	--	47,731	3,129	--
2004	51,485	--	51,485	--	--
2005	51,258	--	51,258	--	--
2006	36,381	--	36,381	--	--
2007^	53,893	376	49,974	3,543	--

^ Appropriation
* EPA
** Radon Gas Trust Fund

Funding Details: The ISDH certifies radon testers (individuals), radon mitigators (companies), and laboratories. Biennial fees are $100 for radon testers, mitigators, and laboratories. Fees are deposited in the Radon Gas Trust Fund and used to offset the expense of operating the program.

The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

The federal program has no statutory formula. EPA may provide states with up to 50% of allowable costs of approved State Indoor Radon Grant Program activities. The Toxic Substance Control Act requires a progressively increasing state match of 25%, 40%, and 50% in the first three years of participation. However, in FFY 2005, EPA reduced the state match requirement to 40% for participants beyond their third year of participation.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: The mission of the EPA is to protect human health and the environment. The EPA is responsible for researching and setting national standards for a variety of environmental programs while delegating to the states the responsibility for issuing permits and monitoring and enforcing compliance.

Radon is a naturally occurring radioactive gas found in soils, rock, and water throughout the U.S. It has numerous different isotopes, but radon-220, and -222 are the most common. Radon causes lung cancer and is a threat to health because it tends to collect in homes, sometimes to very high concentrations. As a result, radon is the largest source of exposure to naturally occurring radiation.

The EPA has established a voluntary program to promote radon awareness, testing, and reduction. The program sets an action level of 4 picocuries per liter (pCi/l) of air for indoor radon. Generally, levels can be brought below 2 pCi/l fairly simply.

In 1988, the EPA and the U.S. Surgeon General issued a health advisory recommending that all homes be tested below the third floor for radon. They also recommended fixing homes with radon levels at or above 4 picocuries per liter, EPA's national voluntary action level.

State History/Requirements: In 1989, state law was enacted that required the ISDH to establish and operate programs for the certification of individuals engaged in testing for radon gas or abatement of radon gas in buildings. The EPA National Contractor Proficiency Program Protocol and the EPA Indoor Radon and Radon Decay Product Measurement Devices Protocols and Standards are incorporated by reference into the state regulations. The ISDH may impose civil penalties to enforce the certification requirements of radon testers, laboratories, and mitigators.

Program Services: The program protects consumers concerned about exposure to radon gas through the certification of individuals and companies engaged in testing for radon gas or that provide radon abatement services. Information on radon gas, including lists of certified laboratories, testers, and mitigators, is available on the ISDH's web site.

Service Providers/Agencies:

Client Intake: Applications for radon certifications are filed with the ISDH.

Client Eligibility Requirement:

Vectorborne Disease Surveillance and Control

Purpose: To conduct surveillance, identify when conditions may lead to outbreaks, and control insects and animals capable of transmitting microorganisms and disease to humans and other animals.

Target Population: General welfare.

Overview -

Indiana Code Cites:

- IC16-19-3
- IC 16-41-33
- IC 16-41-34

Administrative Code Cites:

- Various code cites in the sanitation regulations

Account Numbers:

- 1000/104000
- 3610/149900

Administrative Division:

- Public Health Surveillance and Preparedness

Advisory Board/Commission:

Expenditures					
SFY	**Total**	**Federal***	**State**		**Local**
			General Fund	**Dedicated**	
2003	278,718	63,767	214,951	--	--
2004	345,534	142,952	202,581	--	--
2005	782,954	583,283	199,671	--	--
2006	448,772	238,520	210,252	--	--
2007^	386,665	136,205	250,460	--	--

^ Appropriation
* CDC

Funding Details: The Vector Control Program is funded from state appropriations made for the administration of the ISDH. The ISDH administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2004 through FY 2007.

The CDC has made funds available for West Nile Virus Surveillance and Prevention through the Epidemiology and Laboratory Capacity Grant.

Number of Clients Served -

Snapshot:

Unduplicated for Year:

Description

Federal History/Requirements: Federal agencies that may be called upon by states for technical assistance or advice include the EPA, Homeland Security and the Federal Emergency Management Agency, and the CDC. There are no specific federal vector control requirements. The CDC has made funds available for West Nile Virus Surveillance and Prevention through the Epidemiology and Laboratory Capacity Grant.

State History/Requirements: County or city health departments are allowed to establish and maintain vector control and abatement programs. Counties are allowed to levy a tax of not more than $0.02 on each $100 of assessed valuation in the county to be used specifically for vector abatement. Local departments of health are eligible to receive state funds appropriated by the General Assembly only if a local appropriation for vector control is made by the appropriate local health agency.

The ISDH and local health officers and inspectors appointed by them may enter into and on all lands, places, buildings, structures, vessels, or watercraft to determine whether such places are infested with rats and whether requirements to exterminate the rats are being complied with.

Most vector control and abatement activities are performed by the local county and city departments of health. Most programs are currently directed at mosquito control and abatement, although a few of the larger counties may conduct rat control programs.

Program Services: The state Vectorborne Disease Surveillance and Control Program provides consultation and technical assistance to the local health departments for insect and rodent eradication, control of head lice and scabies, and the removal of nuisance wildlife. The program also maintains a surveillance and early warning system monitoring for West Nile Virus, Eastern Equine, Western Equine, and St. Louis encephalitis in birds and mosquitos. Program staff conduct dead bird surveillance with assistance, when it is available, from local health departments. Mosquito trapping and monitoring is done in various locations statewide. Testing of samples from birds and mosquitos for viruses is performed by the state laboratory. The surveillance program provides information to determine where mosquito control efforts are most needed and allows the program to issue a warning when an outbreak is possible.

The program website provides information on vector-borne diseases and how to handle infestations. Vector-control information relevant to emergency and disaster situations is also available on the program website.

Service Providers/Agencies: Local county and city departments of health.

Client Intake:

Client Eligibility Requirement: